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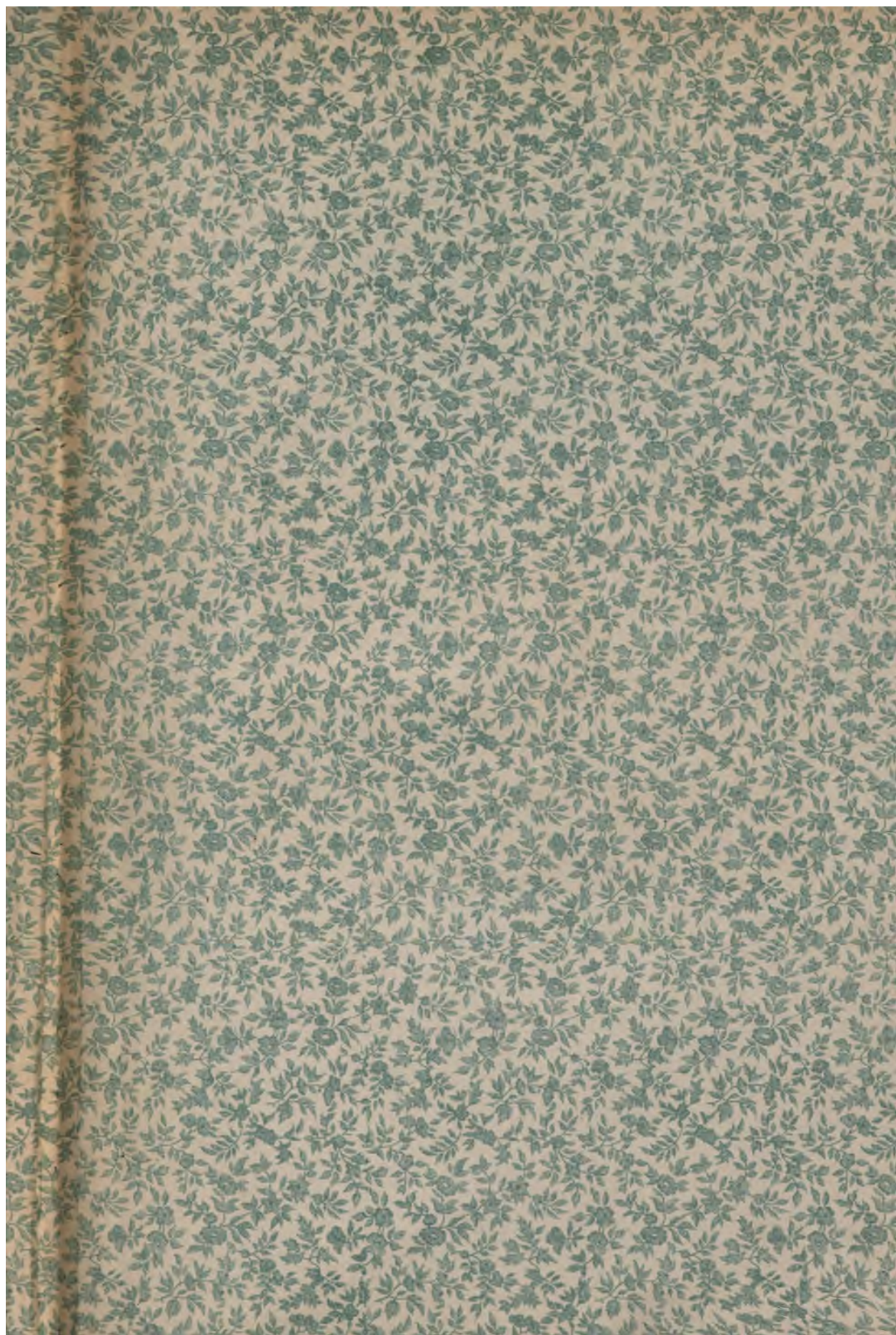
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THE IMPORTANCE OF EMPLOYING ANÆSTHESIA
IN THE DIAGNOSIS OF INTRA-PELVIC
GYNÆCOLOGICAL CONDITIONS,

DEMONSTRATED BY AN ANALYSIS OF 240 CASES.

By HUNTER ROBB, M. D.

Associate in Gynecology, Johns Hopkins University.

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THE IMPORTANCE OF EMPLOYING ANÆSTHESIA
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The importance of examining thoroughly under anæsthesia every gynæcological case in which there is doubt concerning the condition of the pelvic organs, for the simple purpose of diagnosis, has not been sufficiently appreciated by either the general practitioner or the gynæcologist. Indeed, in many of the larger gynæcological clinics of to-day this method of making a diagnosis is rarely used.

From a careful study of a large number of cases, more especially those which have come under observation during the past twelve months, I am convinced that without the administration of an anæsthetic it is impossible in most instances to arrive at an absolutely correct idea of the condition of the pelvic organs.

In the Gynæcological Dispensary of the Johns Hopkins Hospital it is the rule to examine first on the table in the usual manner, and then if doubt exists as to the exact condition of the uterus, ovaries and tubes, a second examination under complete anæsthesia is recommended. This method possesses many advantages. Mistaken diagnoses are often corrected, and indeed where any doubt concerning the case exists after the first examination, a positive opinion should not be given before resorting to this expedient. In the majority of instances small adherent tubes and ovaries cannot be definitely outlined until the patient is fully anæsthetized. There is also a class of cases of not infrequent occurrence in which the clinical history strongly suggests the presence of pelvic inflammation and we are predisposed to believe that an abnormal condition of the pelvic organs exists which requires operative treatment, and yet upon examination under anæsthesia no disease is detected, but on the contrary the structures are found to be healthy. It is often possible in the preliminary examination to outline something which feels like an adherent mass in the pelvic cavity which,

however, in many cases disappears after the administration of a cathartic. I have also seen cases in which the clinical history and the preliminary examination have suggested nothing, so that I was inclined to say positively that no serious pathological condition of the parts existed, and yet have been surprised to find at the examination under complete anæsthesia densely adherent lateral structures. As examples of the two classes the three following cases are cited :

CASE I, *in which the clinical history and preliminary examination suggested pelvic inflammatory disease.*—C. B., æt. 25, white, admitted to Gynæcological Dispensary of the Johns Hopkins Hospital, December 22, 1892. Married six years. Nullipara. Two or three miscarriages; the first, six months after marriage, in the third month of pregnancy; the second, two years after the first, in the second month of pregnancy; the third in August, 1892. At this last date she had passed only fourteen days beyond the regular menstrual period, so that it is not clear whether or not there had been really an abortion. She was in bed two weeks after her first miscarriage and had a great deal of pain in the back. Subsequently she had "great pain" with each menstrual period. Her menses appeared first when she was fifteen years old, were always irregular and usually lasted three days, the flow during the first two days being profuse. She claims to have had leucorrhœa since her tenth year. Two years after marriage she probably had a gonorrhœal infection, and since then the leucorrhœal discharge has been more marked. Bowels irregular; no symptoms of urinary disease. Since the second year of her married life she has had dull aching pain in the right ovarian region and lower part of the back. She has been obliged to go to bed at three different times since she first began to complain, remaining there one week on each occasion. The last attack occurred in August, 1892. Her mother died of cancer of the uterus. Family history otherwise negative.

Examination without anæsthesia on the day of admission. Vaginal outlet intact, cervix points upward, external os slightly dilated, uterus probably forward and reclining in the pelvis. *Posteriorly on the left side of the pelvic cavity a somewhat irregular mass can be outlined.* Slight pressure on the right side of the pelvic cavity causes severe pain. There is a feeling of resistance in the right broad ligament, but nothing can be definitely outlined.

Examination under anæsthesia, December 23, 1892. On the

right side the ovary is slightly enlarged, but not adherent; with this exception both tubes and ovaries are normal.

Treatment outlined: General hygienic measures, and if the patient continues to complain after a month, the advisability of dilating the cervix and curetting the uterus will be considered.

From the clinical history of this case and from the preliminary examination a pathological condition of the uterine appendages seemed probable. No abnormality, however, of these structures could be detected at the examination under anæsthesia.

CASE II, in which the clinical history suggested pelvic inflammatory disease.—B. T., æt. 25, black, admitted to Dispensary, January 9, 1893. Married eight years. One child a year after marriage, which died on the fifth day after birth. Patient was in bed nine days after labor. Two miscarriages, the first three and a half years after marriage in the third month of pregnancy, the second three years ago in the sixth month of pregnancy. After the first miscarriage she complained of great weakness, which continued for one month. Menses appeared first in her twelfth year, always regular, but lasting five days, the flow being profuse and accompanied by pain. Since marriage flow has been irregular and scanty, lasting from two to three days, and associated with severe pain. She has had leucorrhœa for the past four or five years; probably had an attack of gonorrhœal vaginitis four years ago. Bowels irregular, no symptoms of disease of the urinary organs. She has been complaining for the past five years of a "misery" in the left lower region of abdomen and weakness in the back, and has been confined to bed four times during the past five years on account of this pain. Four years ago she was in bed for four months on account of abdominal pains, and during the past winter was again in bed for four weeks. Family history negative.

Examination without anæsthesia. Vaginal outlet relaxed; cervix near outlet and pointing upwards; slight bilateral laceration; uterus retroverted, enlarged and movable. The right ovary can be palpated but not distinctly outlined. On the left side nothing can be distinctly outlined.

Examination under anæsthesia, January 10, 1892. Vagina, cervix and uterus as above described. Both ovaries normal, can be easily outlined by raising the uterus into anteposition.

This case also presented a clinical history strongly suggestive of

pelvic inflammation, for which one might easily have been induced to recommend operation had not the necessity been excluded by the examination under anæsthesia.

CASE III, *in which the clinical history did not clearly suggest inflammatory disease, but in which an examination under anæsthesia demonstrated marked changes in the uterine appendages.*—A. E., æt. 24, black, admitted to the Gynæcological Dispensary, January 5, 1893. Married three years. Two para; oldest child five years of age; youngest two years. *She was confined to bed for eight weeks after birth of last child, on account of "general weakness."* Menses appeared at fourteen, irregular, lasting two to three days; at times the flow is considerable, and is usually accompanied by pain. She has had leucorrhœa for the past five years. No definite history of gonorrhœal infection. Bowels irregular; micturition frequent. *The patient has been complaining for the past week of a dull pain in the lower zone of the abdomen, also of slight backache, otherwise she feels well.* Tongue cracked and dry. Appetite impaired. General condition good.

Examination without anæsthesia. Vaginal outlet somewhat relaxed; cervix near outlet, in axis of vagina, bilaterally lacerated; the laceration is deeper on the right side. Uterus retroflexed, enlarged, and feels myomatous. Nothing more definite can be determined on account of the resistance of the abdominal muscles.

Examination under anæsthesia on following day. Vaginal outlet and cervix as described at first examination. Uterus retroflexed, enlarged, irregular in outline, and fixed beneath the promontory of the sacrum. Several small myomatous tumors can be felt in the retroflexed uterus near the fundus beneath the cervico-uterine flexure. On the left side of the pelvic cavity a tubo-ovarian mass, the size of a lemon, which is doughy to the touch, can be palpated. On the right side of the pelvis, almost on a line with the lower border of the symphysis pubis, a rounded, slightly fluctuating, freely movable mass about the size of an English walnut can be outlined. Deeper down in the pelvic cavity, extending from the right cornu of the uterus to the lateral wall of the pelvis, an indurated mass can be felt in the broad ligament. This mass is probably an adherent tube and ovary.

Treatment advised: Abdominal section for removal of adherent structures on left side of the uterus; the appendages on the right side also to be excised if found adherent.

The patient was operated upon by Dr. Kelly, and the diagnosis made after section of the abdominal parietes was: Multiple small myomata; universal pelvic adhesions covering in both ovaries and tubes. Uterus adherent to floor of pelvis.

Operation: Both ovaries and tubes enucleated. Adhesions binding down uterus separated. The left ovary and tube found adherent to the walls and floor of pelvis and to the posterior surface of the broad ligament and uterus. Cyst on the right side ("epitubal") on the fimbriated extremity of the tube. Right tube and ovary being also adherent, were removed. On the right side, high up, was the cyst above mentioned. Patient made a complete recovery.

Though these may seem to be remarkable cases they are by no means exceptional. Even in cases where an abnormal condition of the pelvic organs calling for operation is known to be present, it is often of great importance that the operator should have as complete information as possible of the lesions before operating. Thus an examination under an anæsthetic would in some cases show beforehand the probable value of an operation, and therefore I believe that such a preliminary examination should be employed whenever practicable. In addition to the above information we can at the same time observe any idiosyncrasy which the patient may manifest to the effects of the anæsthetic.

Such examinations if carefully made would certainly diminish the number of exploratory incisions, which is a decided gain, as every operator of experience knows that such procedures are not entirely free from danger. It is our practice, therefore, after the history of the patient has been taken, to examine the pelvic organs in the usual manner. If the structures are not satisfactorily outlined, an examination under anæsthesia as soon as possible is advised, after which a satisfactory mode of treatment can be outlined. Where diseases of the pelvic organs have been suspected and nothing abnormal is detected, the patient can be relieved of any anxiety which she may have felt with regard to her condition. The much-abused routine treatment, which too often consists in local applications to the vagina and uterus, may then be discontinued. We can also with good conscience dispense with the prescribing of the multitude of drugs which have been so highly vaunted for imaginary pathological conditions of the pelvic struc-

tures, and trust rather to intelligent hygienic measures. While it is true that it is often possible to palpate the pelvic organs in women who have borne children without the use of an anæsthetic, this has not in my experience been the rule, and a number of cases have been examined in which, even with complete anæsthesia, it was not possible to state definitely that the uterine appendages were free from disease. Any one who has had much experience in the examination of cases under anæsthesia has, no doubt, found this to be true in a certain proportion of cases, and the statement not infrequently made that a skilled gynæcologist should *always* be able to determine whether disease of the pelvic organs exists by the examination under anæsthesia must be considered incorrect.

The preparation of the patient and the method of examination.—In preparing a patient for examination under an anæsthetic the following rules are to be observed. The alimentary canal should contain as little food as possible, and it is well to have the bowels of the patient well opened the day before, and again on the morning of the examination. The patient's diet the night preceding the examination should be light, and the breakfast on the day of examination should consist of a glass of milk or a cup of tea or coffee. If, however, the patient can be induced to do without even these, there will be less nausea and vomiting subsequent to the anæsthesia. The anæsthetic is generally administered from two to three hours after the breakfast hour. The clothing of the patient should consist of a light wrapper or night-dress, which should be so arranged that it will not hinder the examiner. Complete anæsthesia is necessary, as it is often impossible to palpate the structures thoroughly if there is the slightest resistance. Again, the diagnosis must not be made from the first impression that one gets of the condition of the structures when making an examination under complete anæsthesia, for often that which at first seems to be an abnormal condition of the pelvic organs is found, after a more thorough examination, to be normal. For these reasons anæsthetics which act quickly and have but a transitory effect should not be used.

Position of patient.—During the examination the patient should lie across the mattress or on a table, so that the buttocks rest on one edge, the legs are to be separated and flexed on the thighs, which are in turn flexed on the abdomen. In this position the abdominal walls are well relaxed. If it be impossible to have the legs sup-

ported by assistants, the leg-holder can be employed. After the patient has been placed in position, a sheet is arranged over the lower extremities so that they are covered (*v.* Figs. 1, 2 and 3). The external genitalia are first inspected. The urine having been drawn off with a sterile glass catheter, the first and second fingers previously anointed with vaseline are inserted into the vagina and the pelvic organs examined. It is best to adopt a certain order in the examination. Beginning with the vagina, passing thence to the cervix, next to the uterus and its appendages, one finally endeavors to palpate the ureters. The bimanual method of examining the uterus and its appendages is the most satisfactory. The operator places his right hand on the abdominal walls of the patient midway between the umbilicus and the symphysis pubis, his forearm being flexed at the elbow, the fingers (with the nails cut close) extended, the hand slightly flexed at the wrist-joint. Pressure should be made obliquely downwards in a line running towards the tip of the coccyx, thus avoiding the intestines as much as possible. The hand in the vagina is now gently but firmly pushed upwards towards the hand on the abdominal wall, in order to palpate the structures which are being depressed by the external hand (*v.* Figs. 4 and 5). If the appendages are difficult to palpate and the uterus is in retroposition but not adherent, the examination may be facilitated by bringing the uterus forwards. If the uterus will not stay in anteposition without support, it can be kept in this position by pushing it towards the symphysis pubis with the fingers of the right hand; these being then manipulated below and to the sides of the uterus, the appendages can be palpated. I have found this procedure to be of much value in many cases.

Rectal palpation.—If a satisfactory examination cannot be made by the combined vaginal and abdominal manipulation, then palpation by the rectum may be employed, either alone or in combination with the abdominal and vaginal touch. The examination is made by introducing the first or second finger of the left hand into the rectum; often, however, both are employed. If one finger only is introduced into the rectum, then the other may be inserted into the vagina, while the fingers of the right hand press the abdominal wall obliquely downwards. It is seldom necessary, however, to resort to rectal examination (*v.* Figs. 6 and 7).

Immediately after the examination the patient is given a vaginal douche of a litre of a warm aqueous solution of 2-per cent carbolic acid. As soon as she recovers from the effects of the anæsthetic she is allowed to return home and is advised to remain in bed for at least two or three days. Of course great care must be taken during the examination never to handle the structures roughly, as a cyst or other sac, if present, is liable to be ruptured and a fatal result might possibly ensue.

CONCLUSIONS.

1. If a patient presents a history with even a suggestion of pelvic disease, a thorough examination should be made as soon as possible.

2. The great majority of gynæcological cases cannot be satisfactorily examined without the aid of an anæsthetic, and if the uterus and its appendages cannot be clearly palpated by the ordinary preliminary examination, then the surgeon should insist on a second and more thorough examination under anæsthesia.

3. Cases exist in which even with complete anæsthesia it is impossible to state positively that the structures are free from disease.

4. Anæsthetics which produce anæsthesia lasting only a short time cannot be relied upon in making a thorough examination of the parts.

5. Patients under the method of examination advised will not be subjected to unnecessary operative measures, while on the other hand many women will be restored to health by the early recognition and removal of diseased structures.

Appended is an analysis of 240 cases examined in this way, showing the number of abdominal and plastic cases diagnosed, and the number of cases in which an operation was performed.

Analysis of two hundred and forty cases admitted to the Gynæcological Dispensary between February 1, 1892, and February 1, 1893, in each of which two examinations were made, the first in the usual manner, the second under anæsthesia.

I desire especially to lay stress upon the fact that mere palpation of the adnexa in itself is not of very great service. In making a diagnosis, each structure must be definitely and precisely outlined before we can be certain of the presence or absence of pathological conditions.

Number of cases in which the two examinations gave precisely the same results as to the condition of the adnexa—11.

Number of cases in which the adnexa of both sides were not definitely outlined, even under complete narcosis—51.

Number of minor cases in which a diagnosis was made—181.

Number of abdominal cases—59.

Total number of operations performed—67, of which 61 were minor and 24 abdominal sections.

Total number of deaths—1.

Thirty-five of the fifty-nine cases in which it was decided that an abdominal section was indicated have not as yet been operated upon. Many are still under observation and will be subjected to operative measures later on if they do not improve.

Abdominal sections were performed for the following conditions:

| | |
|---|----|
| Adherent adnexa removed (pelvic peritonitis involving ovaries and tubes) | 7 |
| Adherent adnexa, exploratory operation only | 2 |
| “ “ with extra-uterine pregnancy | 1 |
| “ “ “ myomatous uterus (exploratory incision), | 1 |
| “ “ “ hæmatosalpinx | 1 |
| “ “ “ hydrosalpinx. (Hysterorrhaphy also performed)..... | 2 |
| “ “ “ hydrosalpinx (double) | 1 |
| “ “ “ hydrosalpinx (unilateral)..... | 1 |
| “ “ “ (hysterorrhaphy also performed) | 1 |
| “ “ “ pyosalpinx..... | 1 |
| “ “ “ pyosalpinx (double) | 1 |
| “ “ “ subperitoneal myoma | 1 |
| Hernia (ventral) with adherent uterus | 1 |
| Salpingitis, ovaritis, retroflexion of the uterus (hysterorrhaphy also performed) | 1 |
| Myoma uteri (myomectomy) | 1 |
| Myoma uteri (hysteromyomectomy) | 1 |
| Total..... | 24 |

Number of abdominal sections drained—5.

In each case drained there was some sign of infection in the wound. In only one of the nineteen cases which were not drained was there infection in the line of incision, and this was insignificant.

Number of abdominal cases operated upon—24.

Number of deaths—1.

The following diagnoses were made. The table shows the number of cases under each division, and the number of operations performed.

| | No. of Cases. | No. of Operations. |
|--|------------------|-----------------------|
| Abortion | 1 | 1 |
| Adherent adnexa | 26 | 10 |
| Adherent right adnexa (slight)..... | 1 | 0 |
| Adherent left adnexa | 4 | 0 |
| Adherent adnexa (possibly) with slightly adherent uterus..... | 1 | 0 |
| Adherent pedicles to broad ligament | 1 | 0 |
| Adherent retroflexed uterus..... | 2 | 0 |
| Adherent adnexa with multiple myomata | 1 | 1 |
| Adherent adnexa with subperitoneal myoma (small) | 1 | 0 |
| Adherent adnexa with subperitoneal myoma.... | 1 | 1 |
| Adherent adnexa with enlarged left ureter..... | 1 | 1 |
| Adherent adnexa with retroflexion of the uterus, | 1 | 1 |
| Adherent adnexa with myoma of the uterus | 4 | 2 |
| Adherent adnexa with ureteritis..... | 1 | 0 |
| Adherent uterus, probably adherent adnexa | 1 | 0 |
| Adherent uterus, ventral hernia | 1 | 1 |
| Adherent adnexa with ulcerative vaginitis..... | 1 | 0 |
| Adherent adnexa, retroversion of the uterus, relaxed vaginal outlet | 1 | 1 |
| Adherent adnexa, laceration of cervix, relaxed vaginal outlet..... | 3 | 0 |
| Carcinoma of anterior vaginal wall and urethral orifice..... | 1 | 1 |
| Coprostasis | 1 | 0 |
| Endometritis..... | 1 | 1 |
| Endometritis, hypertrophic elongation of the cervix..... | 1 | 1 |
| Endometritis, adherent left adnexa (slight) | 1 | 1 |
| Endometritis, adherent adnexa (slight) | 1 | 1 |
| Endometritis, relaxed vaginal outlet | 2 | 0 |
| Endometritis, subinvolution of the uterus | 1 | 0 |
| Endometritis, laceration of cervix | 1 | 0 |

| | No. of Cases. | No. of Operations. |
|---|------------------|-----------------------|
| Endometritis, laceration of cervix, relaxed vaginal outlet | 29 | 7 |
| Endometritis, laceration of cervix, prolapsus of vaginal walls | 1 | 0 |
| Endometritis, laceration of cervix, complete tear of perineum | 1 | 1 |
| Endometritis, laceration of cervix, relaxed vaginal outlet, enlarged Bartholine gland | 1 | 1 |
| Endometritis, subinvolution of uterus, laceration of cervix, relaxed vaginal outlet..... | 1 | 2 |
| Endometritis, laceration of cervix, relaxed vaginal outlet, retroflexion of the uterus..... | 3 | 1 |
| Endometritis, relaxed vaginal outlet, slightly adherent adnexa..... | 1 | 1 |
| Endometritis, laceration of cervix, relaxed vaginal outlet, slightly adherent adnexa | 3 | 1 |
| Endometritis, laceration of cervix, relaxed vaginal outlet, probably adherent anexa..... | 4 | 0 |
| Endometritis, relaxed vaginal outlet, adherent uterus, hemorrhoids..... | 1 | 1 |
| Endometritis, hypertrophic elongation of the cervix, prolapsus of anterior vaginal walls, relaxed vaginal outlet..... | 2 | 1 |
| Endometritis, laceration with hypertrophic elongation of cervix, prolapsus of anterior vaginal wall | 1 | 1 |
| Endometritis with stenosis..... | 34 | 21 |
| Endometritis with stenosis, myoma of uterus.... | 1 | 0 |
| Endometritis with stenosis, probably subperitoneal myoma..... | 1 | 0 |
| Endometritis with stenosis, retroversion of the uterus, slightly adherent adnexa..... | 1 | 1 |
| Endometritis with stenosis, relaxed vaginal outlet | 15 | 5 |
| Endometritis with stenosis, laceration of cervix.. | 3 | 2 |
| Endometritis with stenosis, probably interstitial myoma..... | 1 | 1 |
| Endometritis with stenosis, slightly enlarged right ovary..... | 1 | 0 |
| Endometritis with stenosis, probably adherent adnexa..... | 1 | 0 |

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| | No. of Cases. | No. of Operations. |
|---|------------------|-----------------------|
| Endometritis with stenosis, slightly adherent adnexa..... | 2 | 0 |
| Endometritis with stenosis, slightly adherent left adnexa..... | 1 | 0 |
| Endometritis with stenosis, vaginitis..... | 1 | 0 |
| Endometritis with stenosis, relaxed vaginal outlet, retroflexion of the uterus..... | 1 | 0 |
| Endometritis with stenosis, laceration of the cervix, relaxed vaginal outlet..... | 11 | 7 |
| Endometritis with stenosis, retroversion of the uterus, adherent left adnexa..... | 1 | 0 |
| Endometritis with stenosis, retroversion of the uterus..... | 1 | 0 |
| Endometritis with stenosis, laceration of cervix, relaxed vaginal outlet, retroflexion of uterus.. | 1 | 0 |
| Endometritis with stenosis, relaxed vaginal outlet, cystic right ovary, adherent left adnexa.... | 1 | 1 |
| Endometritis with stenosis, laceration of cervix, relaxed vaginal outlet, adherent left adnexa... | 1 | 1 |
| Endometritis with stenosis, laceration of cervix, relaxed vaginal outlet, (probably) adherent adnexa..... | 1 | 0 |
| Fistula in ano, (relaxed vaginal outlet, probably adherent adnexa)..... | 1 | 1 |
| Hypertrophic elongation of the cervix..... | 1 | 0 |
| Infantile uterus and adnexa..... | 1 | 1 |
| Interstitial myomata (probably)..... | 1 | 0 |
| Laceration of cervix | 1 | 0 |
| Laceration of perineum | 1 | 0 |
| Laceration of cervix, relaxed vaginal outlet, adherent adnexa..... | 1 | 1 |
| Laceration of cervix, relaxed vaginal outlet, slightly adherent adnexa..... | 1 | 0 |
| Laceration of cervix, relaxed vaginal outlet, adherent left adnexa..... | 1 | 0 |
| Laceration of cervix, relaxed vaginal outlet, retroflexed adherent uterus..... | 1 | 0 |
| Laceration of cervix, relaxed vaginal outlet, adherent right adnexa. | 1 | 0 |

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| | No. of Cases. | No. of Operations. |
|--|------------------|-----------------------|
| Laceration of cervix, retroflexion of the uterus (salpingitis and ovaritis)..... | 1 | 1 |
| Laceration of cervix, relaxed vaginal outlet, ulcer- ated areas around sphincter ani..... | 1 | 0 |
| Laceration of cervix, relaxed vaginal outlet, pro- bably right ovarian cystoma..... | 1 | 0 |
| Myoma (subperitoneal)..... | 2 | 0 |
| Myoma of the uterus..... | 5 | 2 |
| Myoma of the uterus and scar tissue of vagina... | 1 | 0 |
| Myoma of uterus, possibly slightly adherent adnexa..... | 2 | 0 |
| Myoma of uterus, adherent adnexa..... | 1 | 1 |
| Neurasthenia..... | 2 | 0 |
| Ovarian cystoma (probable)..... | 1 | 0 |
| Pelvic neoplasm..... | 1 | 0 |
| Prolapsus of both ovaries..... | 1 | 0 |
| Pregnancy..... | 6 | 0 |
| Prolapsus of vaginal walls with relaxed vaginal outlet..... | 1 | 0 |
| Relaxed vaginal outlet..... | 3 | 0 |
| Relaxed vaginal outlet, prolapsus of right ovary, | 1 | 0 |
| Relaxed vaginal outlet, possibly adherent adnexa, | 1 | 0 |
| Retroflexion of the uterus with adherent adnexa, | 1 | 0 |
| Retroflexed adherent uterus with adherent adnexa, | 1 | 1 |
| Stricture of the rectum, relaxed vaginal outlet, endometritis..... | 1 | 1 |
| Subinvolution of the uterus, relaxed vaginal outlet..... | 1 | 0 |
| Ulceration (specific) of the external genitalia.... | 1 | 0 |
| Vaginitis..... | 1 | 0 |
| | <hr/> 240 | <hr/> 87 |

The following table presents a detailed analysis of these cases from their examination to discharge. It is arranged to demonstrate *the importance of examination under anæsthesia*, as shown by the comparative columns of examination without anæsthesia on the one side and the operation and its result on the other. Endometritis is frequently used to designate simply endometritis fungosa.

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|--|---|
| 1. 1-29-92 | M. S. 32 | M. W. | Profuse leucorrhœal discharge before menstrual period. Backache and headache. Very nervous. | Adnexa not lined. |
| 2. 2-2-92 | M. E. 31 | S. W. | Backache with pain in lower abdomen. | Adnexa not lined. |
| 3. 1-28-92 | E. W. 29 | S. B. | For last eight years great pain with menstrual period. Leucorrhœa for one year. For last five months pain in left ovarian region. | Adnexa not lined. |
| 4. 1-26-92 | M. D. 23 | S. B. | Neuralgic pains in head, also pains in side and lower abdomen for the past four years. Profuse and painful menstruation twice a month for the past six months, lasting from three to seven days. Leucorrhœal discharge profuse. | Left adnexa large, slightly adherent. |
| 5. 1-25-92 | S. B. 29 | W. W. | Three para. Labors difficult. Menses irregular, profuse and painful. Leucorrhœa profuse. Frequent and painful micturition. Constant pain in lower abdomen and back since birth of last child seven years ago. | Broad ligament sensitive and assistant. |
| 6. 1-18-92 | D. S. 28 | M. W. | Menses irregular since marriage, accompanied with pain first day. Leucorrhœa profuse at times. Bearing-down pain in lower abdomen, worse on right side. | Adnexa not lined. |
| 7. 10-14-90 | C. G. 33 | M. W. | Menses free, irregular, appearing after any exertion, generally lasting five days. Leucorrhœal discharge profuse. General weakness, with sharp shooting pains in lower abdomen and left ovarian region. Backache at times. | Adnexa on 1 side adherent |
| 8. 2-2-92 | L. L. 31 | M. W. | One para ; eight weeks in bed after labor, with fever and swollen abdomen, swelling more marked on left side. Menses profuse, irregular and painful. Sharp shooting pains in left ovarian region, also in thighs and back ; pain increased on exertion. Confined to bed for one week before each menstrual period. | Adnexa on 1 side not out] Adnexa on 1 side adherent |
| 9. 2-4-92 | B. C. 18 | S. B. | Menses profuse and painful. Leucorrhœa for a month (probably gonorrhœal in origin). Complaints for the past six months of "sticking pain," mostly in left side of abdomen, also of backache. | Adnexa not lined. |

| Examination with anesthesia. | Diagnosis. | Treatment applied. | Operation. | Result. | Remarks. |
|---|---|---|---|-----------|--|
| Adnexa normal. | Endometritis with necrosis. Laceration of cervix. Related vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and out- let repaired. | Recovery. | Much better since operation. Disg. Nose 11-13-14. Slight headache. |
| Adnexa normal. | Endometritis with necrosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adnexa adherent. | Adherent adnexa. | Abdominal sec- tion. | Adherent adnexa removed. | Recovery. | Recovery after dis- cussing separation of adhesions. Tumor removed, then sutured to the uterus. Tumor |
| Adnexa normal. | Endometritis with necrosis. Related vaginal outlet. | Dilatation and curettement. Repair of outlet. | | | |
| Adnexa normal. | Endometritis with necrosis. Related vaginal outlet. | Dilatation and curettement. Re- pair of outlet. | Cervix dilated. Uterus curetted. Outlet repaired. | Recovery. | |
| Adnexa normal. | Endometritis with necrosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adnexa normal. | Endometritis with necrosis. | Dilatation and curettement. | | | |
| Right ovary probably adhe- rent. Left ad- nexa normal. | Endometritis with necrosis. Retroversion of the uterus. | Dilatation and curettement. | | | |
| Left adnexa not clearly outlined. | Endometritis with necrosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Considerable relief following op. |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anæsthe |
|----------------------|---------------|--------------------|---|----------------------------|
| 10. 1-5-92 | M. W. 16 | S. B. | Menses profuse. Backache, nausea and vomiting. Had a chill on day of admission. Temperature 106.2°. | Adnexa not lined. |
| 11. 2-3-92 | L. H. 30 | M. B. | Five para. Last child two years ago. Returned to bed for a week after getting up, on account of fever; sick for two weeks afterwards. Menses irregular, occur every five or six months; profuse and painful. For the past two years has had sharp pain in left ovarian region, also in back and legs. In bed a number of times during the past two years, on account of pain. | Adnexa not lined. |
| 12. 2-1-92 | S. R. 28 | M. B. | Two para. Four miscarriages. Last confinement two years ago, instrumental, followed by fever. Menses profuse. Considerable amount of leucorrhœa. Complains for the past two weeks of "misery" which came on suddenly, in lower abdomen. | Adnexa not lined. |
| 13. 2-2-92 | R. G. 34 | M. B. | Six para. Labors difficult. Menses profuse and painful. Constant leucorrhœa for seven years. Complaining for the past seven years of sharp shooting pains in lower abdomen and of backache. | Adnexa not lined. |
| 14. 2-5-92 | A. H. 22 | S. B. | Menses profuse, irregular, occurring as often as two or three times a month, lasting one or two days, accompanied with pain in lower abdomen. Profuse leucorrhœa since August, 1891. Swelling of the abdomen at menstrual periods. Backache and headache. | Adherent les adnexa. |
| 15. 2-5-92 | R. B. 34 | S. B. | Menses profuse, painful and irregular. Bowels irregular. Dull aching pain in lower abdomen and back. Pain extends down thighs; is increased on exertion. | Adnexa not lined. |
| 16. 2-4-92 | L. N. 31 | M. W. | Leucorrhœa for past six years. For past four months has had backache and sharp shooting pain in left side of lower abdomen. | Adnexa not lined. |
| 17. 2-5-92 | S. S. 25 | M. W. | Pain in lower abdomen. Frequent discharge of blood from the vagina. Morning vomiting. | Adnexa not lined. |
| 18. 2-3-92 | C. S. 20 | S. B. | Menses irregular, profuse and painful. At times obliged to remain in bed. Profuse leucorrhœa. Bowels constipated. Abdomen swollen at times. Has spasms two or three times a week. | Adnexa not lined. |

| ination with æsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|--|---|---|-----------|---|
| tly adherent æa. | Endometritis. Slightly adhe- rent adnexa. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Abdominal sec- tion later, if no improvement. |
| æa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Retroflexion of uterus. | Dilatation and curettement. Repair of outlet. | | | |
| æa not out- . Pelvis with uter- rowth, prob- myoma. | Myoma of uterus. | Exploratory in- cision. | | | |
| l adherent æa. | Adherent adnexa. Laceration of cervix. Relaxed vaginal outlet. | Abdominal sec- tion after two months, if symp- toms are not re- lieved by local and hygienic treatment. | | | |
| æa normal. | Endometritis. Relaxed vaginal outlet. | Curettement. Repair of outlet. | | | |
| æa normal. cture of the im. | Endometritis. Relaxed vaginal outlet. Syphilitic stricture of rectum | Dilatation of stricture. In- ternal medication. | Stricture dilated with fingers. | Recovery. | Continues to improve. |
| æa normal. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Repair of cervix and perinæum. | Cervix dilated. Uterus curetted. Cervix and peri- næum repaired. | Recovery. | Tissues well united. |
| æa normal. | Pregnancy (two months). | | | | |
| adnexa ably adhe- . | Endometritis with stenosis. | Dilatation and curettement. Later exploratory incision, if com- plaining. | Cervix dilated. Uterus curetted. | Recovery. | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|--|---------------------------|
| 19. 2-10-92 | M. F. 28 | M. B. | In bed for eight weeks after first labor, with fever and swollen abdomen. Profuse leucorrhœa for the past two years. Bowels constipated. Had "pneumonia" two months ago, also "inflammation of the stomach" at the same time. Was in bed for five weeks. Has constant pain in lower abdomen, increased on exertion. | Right adne adherent. |
| 20. 2-11-92 | M. W. 27 | M. B. | Menses profuse and painful, lasting at times for ten days. Leucorrhœa for past four years. Gonorrhœal history. Intermittent pain for the past four months, in left ovarian region and back; increased on exertion. | Probably a rent adnex |
| 21. 2-10-92 | H. J. 36 | S. B. | Sick for four months with fever after birth of second child. After getting up was obliged to return to bed again for four weeks. Since then has had pain in lower abdomen, with backache. Profuse leucorrhœal discharge. Had gonorrhœa sixteen years ago. Has great pain in lower abdomen and sacral region, with profuse leucorrhœal discharge. | Adnexa no lined. |
| 22. 2-12-92 | M. B. 27 | M. W. | Profuse leucorrhœa for the past six years. | Adnexa not lined. |
| 23. 2-15-92 | S. C. 27 | M. B. | Menses profuse, occurring every two weeks for the past year; painful, lasting seven to eight days. Severe backache and pain in lower abdomen. | Adnexa not lined. |
| 24. 2-15-92 | A. P. 26 | M. W. | Miscarriage ten months ago, in the third month; has been losing blood since. | Adnexa not lined. |
| 25. 2-5-89 | M. O. 24 | M. W. | Menses about every two weeks since birth of last child, seventeen months ago. Has "cutting pain" in left ovarian region. Profuse leucorrhœal discharge for the past four months. | Adnexa not lined. |
| 26. 2-15-92 | N. W. 27 | M. W. | Complains of distended abdomen. | Adnexa not lined. |
| 27. 2-13-92 | J. H. 25 | S. W. | Menses profuse and painful. Has backache and constant dull aching pain in right lower abdomen. Has had several attacks of fever since pain first began. | Adnexa aliq adherent. |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--|---|---|---|-----------|----------|
| Normal. | Endometritis with stenosis. | Dilatation and curettement. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Adnexa slightly adhe- | Adherent adnexa. Laceration of cervix. Relaxed vaginal outlet. | Exploratory in- cision after two months. | | | |
| Normal. Cervix 1.5 in dilatation on pos- terior surface of uterus. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of outlet. | Cervix dilated. Uterus curetted. Outlet repaired. | Recovery. | |
| Normal. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and outlet repaired. | Recovery. | |
| Adnexa slightly adherent. | Lacerated peri- næum. | Repair of peri- næum. | | | |
| Adnexa slightly adhe- | Endometritis with stenosis. Slightly adherent adnexa. | Dilatation and curettement. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anest |
|----------------------|---------------|--------------------|---|--------------------------|
| 28. 7-7-90 | S. C. 36 | S. B. | Five miscarriages, all at five and a half months. Last one three years ago, after which she was in bed for three months on account of loss of blood and pain in the lower abdomen. Menses profuse. Probably had gonorrhœa several years ago. Has severe burning and bearing-down pain in lower abdomen, also shooting pain in both ovarian regions. Unable to sleep on account of pain. | Adnexa no lined. |
| 29. 7-8-90 | S. McG. 20 | M. B. | Leucorrhœa for past two years. Three years ago, in bed on account of severe abdominal pains, which lasted for fourteen days. Has sharp shooting pains in lower abdomen, back and legs for the past year; increased on exertion. | Adnexa no lined. |
| 30. 2-18-92 | L. G. 39 | M. W. | Menses profuse. Leucorrhœa shortly after marriage. Has backache and shooting pains in left ovarian region. | Adnexa no lined. |
| 31. 2-19-92 | A. H. 30 | M. W. | For one week after last labor, two years ago, had fever, accompanied with pain in lower abdomen. Since then has had marked feeling of soreness in abdomen. | Adnexa no lined. |
| 32. 2-23-92 | M. S. 33 | M. W. | History not on dispensary card. | Adnexa no lined. |
| 33. 2-24-92 | E. B. 34 | M. B. | For last three months menstrual period has occurred twice monthly. Leucorrhœa for the past three years. Misery in lower abdomen for three years. In bed for three months and unable to do any work for seven months. | Adnexa no lined. |
| 34. 2-23-92 | H. O. 24 | M. W. | Since birth of last child, nine months ago, has had pain in back and lower abdomen. | Adnexa no lined. |
| 35. 2-24-92 | M. L. 39 | M. W. | Sharp pain in lower abdomen (left side) for two months, increased on exertion. | Adnexa no lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--|---|---|---|------------------|----------|
| Adnexa normal. | Hypertrophic elongation of the cervix. | Amputation of the cervix. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Left adnexa ad- herent. Right adnexa possibly adherent. | Ulcerative vagi- nitis. Adherent adnexa. | Internal medica- tion and local ap- plications. | | | |
| Adnexa probably slightly adherent. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | Uterus dilated and curetted. Cervix and outlet repaired. | Recovery. | |
| Right adnexa possibly slightly adherent. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Left adnexa pos- sibly slightly ad- herent. | Endometritis with stenosis. | Dilatation and curettement. | Uterus dilated and curetted. | Recovery. | |
| Left adnexa slightly adherent. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | Uterus dilated and curetted. Cervix and outlet repaired. | Recovery. | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anest |
|----------------------|---------------|--------------------|--|--------------------------|
| 36. 2-6-92 | S. S. 21 | S. W. | Menstrual period lasts seven days; profuse. Has "cutting" and "sticking" pains in both ovarian regions for the past three months; worse on exertion. | Adnexa not lined. |
| 37. 2-29-90 | A. C. 25 | M. W. | Menses profuse and painful. Leucorrhœa profuse. For past four weeks has had sharp shooting pains in lower abdomen. | Adherent nexa. |
| 38. 3-1-92 | A. S. 22 | M. | Backache, with pain in lower abdomen. | Adnexa not lined. |
| 39. 2-29-92 | I. D. 21 | M. B. | Menses profuse, painful and irregular. Leucorrhœa profuse for past three years. Has been in bed for the past seven days with pain in lower abdomen. Since child was born, three years ago, has had constant pain in abdomen; increased on exertion. Has been in bed several times since for different periods of time. | Probably rent adnexa |
| 40. 2-23-92 | E. S. 31 | M. W. | Instrumental labor nine years ago. "General weakness" for several weeks after confinement. Menses painful and irregular. Since birth of last child has had leucorrhœa, pain in back and bearing-down pain in lower abdomen; increased on exertion. Has been in bed twice within the past few years with same pain; with the last attack she had "convulsions." | Probably rent adnexa |
| 41. 2-29-92 | M. H. 36 | M. W. | Menses profuse. Severe backache and swelling of the abdomen. | Adnexa not lined. |
| 42. 3-8-92 | C. C. 36 | W. W. | Flooding after last child, ten years ago. Was in bed for six weeks. Menses profuse; irregular at times. Has backache and severe bearing-down pains in lower abdomen. | Adnexa not lined. |
| 43. 3-4-92 | E. S. 44 | M. B. | Menses painful and profuse; irregular at times. Since Christmas, 1891, has had a cutting pain in left ovarian region and in small of back; increased on exertion. In bed for the past four weeks on account of pain. Last November was in bed with a similar attack. | Adnexa not lined. |

| Operation with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|------------------------------------|---|---|---|-----------|-------------------------------|
| Adnexa ad- t. | Adherent adnexa. | Hygienic meas- ures. Later ex- ploratory incision, if no marked im- provement in symptoms. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | Adherent adnexa removed. | Recovery. | Feels better in every way. |
| Uterus normal. | Endometritis with stenosis. Laceration of cervix. | Dilatation and curettement. Re- pair of cervix. | Uterus dilated and curetted. Cervix repaired. | Recovery. | |
| Adnexa ad- t. Right slightly | Endometritis with stenosis. Relaxed vaginal outlet. Cystic right ovary. Ad- herent left ad- nexa. | Dilatation and curettement. Re- pair of outlet. Later, if suffer- ing, exploratory incision. | Uterus dilated and curetted. Out- let repaired. | Recovery. | |
| Adherent adnexa. | Adherent adnexa. Laceration of cer- vix. Relaxed vaginal outlet. | Abdominal sec- tion. | | | |
| Uterus normal. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | | | |
| Uterus not defi- outlined. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and outlet repaired. | Recovery. | |
| Uterus not defi- outlined. | Myoma of uterus. Probably adhe- rent adnexa. | Abdominal sec- tion for removal of myoma. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anest |
|----------------------|---------------|--------------------|---|--|
| 44. 3-4-92 | S. L. 27 | M. | Had "typhoid fever" ten years ago, two months after miscarriage, in bed for three months. Has had pain in left ovarian region since. | Adnexa no lined. |
| 45. 3-7-92 | A. S. 23 | S. W. | Menses profuse and painful. Miscarriage one year ago in second month of pregnancy. In bed eight weeks. Since then menses have been irregular and profuse. Leucorrhœa profuse. Has bleeding from the vagina, with a great deal of pain in lower abdomen; increased on exertion. Constant backache. | Uterus adl |
| 46. 3-7-92 | A. S. 32 | M. W. | Since birth of last child, seven years ago, great pain in back, with profuse leucorrhœa. Menses irregular and profuse. Much pain in back and pain in lower abdomen, with profuse leucorrhœa. | Adnexa no lined. |
| 47. 3-7-92 | A. R. 29 | M. W. | Four para. Labors difficult. After last labor, two and a half months ago, was obliged to go to bed for three weeks after getting up, on account of pain in right lower abdomen. Since birth of last child has had weakness and backache, together with sharp bearing-down pains in right ovarian region; increased on exertion. | Adherent s |
| 48. 3-5-92 | E. C. 22 | S. B. | Menses irregular, profuse and painful. Leucorrhœa profuse. Has a dull aching pain in lower abdomen and back. Pain increased very much during the last two months, confining her to bed ten days one month ago. A year ago was in bed for three weeks with same pain. In bed several times since. | Adnexa no lined. |
| 49. 3-7-92 | A. S. 19 | S. W. | For the past week has had bearing-down pain in lower abdomen. | Adnexa no lined. Pro diagnosis, tion. |
| 50. 3-3-92 | I. F. 40 | M. W. | For the past year has had a great deal of pain in the right ovarian region. Unable to sleep on account of pain. Has severe backache. | Adnexa no lined. |
| 51. 3-9-92 | F. S. 19 | S. W. | Menses profuse, irregular. Has had constant pain for a week in right ovarian region, which is increased on exertion. | Adnexa no lined. |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|---|--|---|-----------|--------------------------------------|
| Adherent adnexa. | Adherent adnexa. | Abdominal section. | Adherent adnexa removed. | Recovery. | No drainage. Recovery complete. |
| Endometritis and uterine. | Endometritis with stenosis. Laceration of cervix. | Dilatation and curettement. Repair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and outlet repaired. | Recovery. | |
| Adnexa intactly outlined. Right adnexa free. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Repair of cervix and outlet. | | | |
| Adnexa distended and adherent. Adnexa not outlined. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. Probably adherent adnexa. | Dilatation and curettement. Repair of cervix and outlet. | | | |
| Adnexa distended. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. Adherent left adnexa. | Dilatation and curettement. Repair of cervix. Later abdominal section, if symptoms are not relieved. | Cervix dilated and repaired. Uterus curetted. | Recovery. | Very much better. No abdominal pain. |
| Adnexa normal. | Abortion—second month of pregnancy. | Dilatation and curettement. | Cervix dilated. Uterus curetted. Small amount of foetal membrane removed. | Recovery. | |
| Adherent adnexa retroflexion uterus. | Adherent adnexa. | Abdominal section. | Double salpingo oophorectomy. Hysterorrhaphy. | Recovery. | |
| Adnexa distended and encapsulated. | Endometritis with stenosis. Laceration of cervix. | Dilatation and curettement. Repair of cervix. General hygienic measures. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|--|---------------------------|
| 52. 8-10-92 | L. S. 34 | M. B. | Leucorrhœa for past six months. Has complained for past twenty years of soreness and stiffness in upper part of thighs, and also of pain in small of back. | Probably a herent adne |
| 53. 8-9-92 | A. W. 25 | M. W. | One para, three years ago. Labor instrumental. In bed ten weeks afterwards on account of "weakness." Menses irregular, profuse and painful. Profuse leucorrhœa. For the past year has had backache, and a dull aching pain in left ovarian region. | Adnexa not lined. |
| 54. 8-10-92 | L. H. 34 | M. W. | Since last labor, fifteen years ago, has had pain in left ovarian region. Backache at times. Leucorrhœa profuse. | Adnexa not lined. |
| 55. 8-10-92 | M. W. 25 | W. W. | Menses irregular, very painful and profuse. Has pain in lower abdomen. | Adnexa not lined. |
| 56. 8-14-92 | F. H. 31 | M. W. | Painful and profuse menstruation. | Adnexa not lined. |
| 57. 4-28-92 | E. D. 28 | M. B. | Menses profuse. For three months has had backache and pain in lower abdomen. | Adnexa not lined. |
| 58. 8-16-92 | M. B. 22 | M. W. | Menses profuse, very painful, lasting nine to ten days. For the past few months menses have lasted from two to three weeks. Has constant pain in lower abdomen. | Adnexa not lined. |
| 59. 8-18-92 | C. S. 29 | S. W. | Menses irregular and painful, lasting nine days. Has complained for past three days of great pain in lower abdomen, and of backache. | Adnexa not lined. |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--|---|--|---|-----------|-------------|
| Normal. | Endometritis. | General hygienic measures. Later dilatation and curettement. | | | |
| Normal. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and outlet repaired. | Recovery. | |
| Adherent adnexa. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Possibly adhe- rent adnexa. | Curettement. Re- pair of cervix and outlet. Later ab- dominal section if necessary. | | | |
| Uterus not defi- nitely outlined. Adherent uterus. | Adherent uterus. Ventral hernia. | Abdominal sec- tion. Excision of hernia. | Dense adhesions separated. Her- nial ring resected. | Recovery. | |
| Adnexa slightly adhe- | Endometritis with stenosis. Retroversion of uterus. Slightly adherent adnexa. | Dilatation and curettement. General hygienic measures. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adherent right adnexa. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Adherent right adnexa. | Dilatation and curettement. Re- pair of cervix. Later abdominal section if neces- sary. | Cervix dilated and repaired. Uterus curetted. | Recovery. | Union good. |
| Normal. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of outlet. | | | |
| Normal. | Endometritis with stenosis. Laceration of cervix. Relaxed vaginal outlet. Retroversion of the uterus. | Dilatation and curettement. Re- pair of cervix and outlet. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth. |
|----------------------|---------------|--------------------|--|---|
| 60. 3-21-92 | V. W. 40 | M. B. | Menses every two weeks for the past six years, lasting one week. Since last Christmas there has been continual discharge of blood from the vagina. | Adnexa not lined. Provi diagnosis: j nancy. |
| 61. 3-24-92 | L. W. 34 | M. W. | Three para. Labors instrumental. Menses irregular and profuse. Backache and sharp pain in lower abdomen; pain is at times bearing-down in character. | Adnexa not lined. |
| 62. 3-22-92 | S. S. 32 | M. W. | Placenta adherent after first labor. Menses profuse and irregular. Leucorrhœa for the past six years. For three years has had a dull heavy feeling in left ovarian region; increased on exertion. Has been obliged to go to bed frequently during the past three years on account of pain. | Adnexa not lined. |
| 63. 3-14-92 | L. T. 26 | M. W. | Three years ago began to have much pain after menstrual period; also pain in left leg. | Adnexa not lined. |
| 64. 3-24-92 | E. J. 51 | M. B. | Menses profuse, irregular, not seen since last April. Complains of giddiness. | Adnexa not lined. |
| 65. 11-17-92 | E. W. 26 | S. B. | Menses profuse and painful. For past three weeks has had constant flow. Probable gonorrhœal attack last summer. Complains of pain in small of back; increased on exertion. | Adnexa not lined. |
| 66. 3-28-92 | A. S. 32 | M. W. | Menses profuse and painful. Leucorrhœa profuse. Has complained for past two months of dragging pain in left ovarian region and of backache. | Adnexa not lined. |
| 67. 3-27-92 | E. H. 21 | S. W. | Menses irregular and very painful. Leucorrhœa constant and profuse. Has complained of constant "cramp-like" pain in left ovarian region for past three years; increased on exertion; radiates down thigh. Frequent and severe backache. | Adnexa not lined. |
| 68. 4-1-92 | R. J. 38 | W. W. | Menses irregular and profuse, lasting four to fourteen days. Leucorrhœa most of the time (probably gonorrhœal in origin). Complains of severe pain in back and lower abdomen. | Adnexa not lined. |
| 69. 3-29-92 | S. M. 53 | W. W. | For four years has had severe pain in lower abdomen, particularly on the left side. Has had "fever" for the past two weeks. | Adnexa not lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--|--|---|--|----------------------------|---|
| Adnexa not out- lined. | Pregnancy. | | | Proved to be pregnancy. | |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of cervix and outlet. | Uterus curetted. Cervix and outlet repaired. | Recovery. | Tissues well united. Much improved. |
| Left adnexa slightly adhe- rent. | Endometritis with stenosis. Retroflexion of the uterus. Left adherent adnexa. | Dilatation and curettement. Applications to vault of vagina. | | | |
| Left ovary adhe- rent. | Adherent left adnexa. | Exploratory inci- sion. | | | |
| Adnexa normal. | Endometritis with stenosis. Relaxed vaginal outlet. Retro- flexion of the uterus. | Dilatation and curettement. Repair of outlet. | | | |
| Adherent adnexa. | Adherent adnexa. | Exploratory in- cision. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. General hygienic measures. | | | |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Retroflexion of the uterus. | Curettement. Repair of cervix and outlet. | Uterus curetted. Outlet repaired. | Recovery. | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|--|------------------------------------|
| 70. 3-17-92 | M. G. 39 | M. B. | Menses profuse and painful. Leucorrhœa for the past six years profuse. Has had "misery" in lower abdomen and back; increased on exertion. Fever every night for past three weeks, at which time pain in abdomen and back is much worse. | Adnexa not lined. |
| 71. 3-31-92 | V. R. 23 | S. W. | Menses irregular, lasting two weeks at a time; profuse and painful. Leucorrhœa for past four months (probably gonorrhœal in origin). For past two years has had sharp shooting pains in lower abdomen; increased on exertion. In bed five weeks last summer on account of pain and leucorrhœal discharge. Has been in bed several times with similar attack. | Adherent ad |
| 72. 3-25-92 | K. W. 45 | M. W. | Last labor a year ago. In bed eight weeks on account of fever. For the past six weeks has had pain in lower abdomen and left side. | Mass outline posteriorly i pelvis. |
| 73. 3-17-92 | S. W. 32 | M. W. | Leucorrhœa for the past three years. For past year has had at times bearing-down pain in lower abdomen and in back. | Adnexa not lined. |
| 74. 4-1-92 | H. S. 32 | M. W. | One para, ten years ago. Had considerable fever following labor. Leucorrhœa for some time. For past ten years has had a dull pain in right ovarian region with backache. Was in bed five weeks last winter on account of pain. | Adnexa not lined. |
| 75. 3-30-92 | B. E. 36 | M. W. | Since marriage, five years ago, has had bearing-down pain in left ovarian region; increased on exertion. Three weeks ago was in bed for fourteen days with "inflammation of the bowels." A year and a half ago had malarial fever for two months. | Adnexa not lined. |
| 76. 4-7-92 | C. M. 39 | M. W. | Bearing-down pain in lower abdomen and backache since miscarriage, two years ago. | Adnexa not lined. |
| 77. 4-6-92 | F. R. 29 | M. B. | One para, three years ago. Labor instrumental. In bed afterwards for six weeks with pain in left side. Menstrual flow profuse and painful. Leucorrhœa profuse since birth of child. Constant pain in lower abdomen since labor; increased on exertion, and much worse of late. Each spring is confined to bed for several days on account of this pain. | Adnexa not lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|--|--|--|------------------|--|
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement, with repair of cervix and out- let. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Irregular mass filling up cul-de- sac. Adnexa not outlined. | Pelvic neoplasm. | Exploratory in- cision. | | | |
| Adnexa normal. | Endometritis. Laceration of cervix. Complete tear of perineum. | Dilatation and curettement. Repair of peri- næum. | Cervix dilated. Uterus curetted. Perinæum re- paired. | Recovery. | Parts well united. Five months after operation admit- ted to medical ward for malaria. |
| Right adnexa not clearly palpated. Fluctuating mass the size of fetal head felt on right side. | Laceration of cervix. Relaxed vaginal outlet. Probably ovarian cystoma on right side. | Abdominal sec- tion. Later re- pair of cervix and outlet. | | | |
| Adnexa normal. | Endometritis with stenosis. Probably inter- stitial myoma of the uterus. | Dilatation and curettement. La- ter, section if not relieved. | Cervix dilated. Uterus curetted. | Recovery. | Menstruates without pain. |
| Adnexa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. Repair of outlet. | | | |
| Left adnexa pro- bably slightly adherent. | Endometritis with stenosis. Probably adhe- rent adnexa. | Dilatation and curettement. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|--|---------------------------|
| 78. 4-7-92 | M. H. 48 | M. W. | Miscarriage one month ago, since then has had constant discharge of clotted blood from the vagina. Has bearing-down pain in lower abdomen before the clots pass. Last summer she had a similar attack. | Adnexa not lined. |
| 79. 4-11-92 | M. M. 32 | M. W. | Menses profuse. Leucorrhœa for the past seven years. For seven years has had pain in lower abdomen and backache. For the past six weeks has had a constant discharge of blood from the vagina. | Adnexa not lined. |
| 80. 8-30-92 | J. D. 30 | W. B. | Menses irregular. Leucorrhœa for five years. Has complained for the past fourteen years of sharp shooting and bearing-down pains in left ovarian region, with backache; pain increased on exertion. Was obliged to remain in bed for four weeks on account of pain fourteen years ago. | Adnexa not lined. |
| 81. 8-28-92 | S. K. 28 | M. W. | Induced abortion one year ago. In bed four weeks on account of weakness. Menses profuse. Leucorrhœa since marriage. Has had sharp shooting pains in lower abdomen for the past five years. Obligated to go to bed for three or four weeks at a time during the past four months. | Adnexa present adherent. |
| 82. 4-19-92 | R. S. 25 | S. W. | Menses painful. Has much pain in left ovarian region, also a "pressing-down" feeling and backache. | Adnexa not lined. |
| 83. 4-12-92 | D. S. 38 | S. W. | Menses irregular. Has a "misery" in lower abdomen; worse on exertion. | Adnexa not lined. |
| 84. 4-25-92 | L. R. 36 | M. W. | Fever following birth of last child, fourteen months ago. In bed two weeks. Has severe backache and pain in lower abdomen. | Adnexa not lined. |
| 85. 4-23-92 | K. R. 32 | M. W. | Has not been well since birth of last child, fifteen months ago. Pain in lower abdomen and general weakness. | Adnexa not lined. |
| 86. 4-25-92 | N. M. 26 | M. W. | Menses profuse. Leucorrhœa profuse since marriage, two years ago. | Adnexa not lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---------------------------------|---|---|-------------------------------------|-----------|---|
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adnexa probably adherent. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Enlarged Bartho- line gland. | Dilatation and curettement. Re- pair of cervix and outlet. Excision of gland. | Gland excised. | Recovery. | Patient seen three months af- ter operation. Much relieved. |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. | | | |
| Adnexa normal. | Pregnancy. | | | | Proved to be pregnancy. |
| Adnexa normal. | Neurasthenia. | Hygienic mea- sures. | | | Abdominal sec- tion performed August, 1891, for removal of left adherent ovary. |
| Small subperito- neal myoma. | Myoma of the uterus. Scar tis- sue in vagina. | If much suffer- ing, abdominal section later. | | | |
| Adnexa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of outlet. | | | |
| Adnexa normal. | Prolapsed vagi- nal walls with re- laxed vaginal outlet. | Colporrhaphy, with repair of outlet. | | | |
| Adnexa adherent. | Adherent adnexa. Retroversion of the uterus. Re- laxed vaginal outlet. | Abdominal sec- tion. | Double salpingo- oophorectomy. | Recovery. | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anest. |
|----------------------|---------------|--------------------|---|--|
| 87. 4-21-92 | L. S. 34 | W. B. | Had fever for nine days after birth of third child. Has had "bearing-down" pain in abdomen since first child, four years ago. Two miscarriages. Pain in lower abdomen and backache. | Adnexa no lined. |
| 88. 4-25-92 | E. G. 29 | M. W. | One miscarriage, three weeks ago, when two and a half months pregnant. Confined to bed since miscarriage with hemorrhage from vagina. Leucorrhœa since marriage, four months ago. Has complained for the past three weeks of loss of blood with leucorrhœal discharge; also of sharp shooting pain in the external genitalia. | Adnexa no lined. |
| 89. 4-28-92 | E. C. 29 | M. W. | Four para. Labors difficult. First labor instrumental; had fever afterwards; in bed three weeks. Menses profuse and painful, lasting one week. Since first menstruation has had backache and "cutting pain" in left ovarian region. | Adnexa no lined. |
| 90. 4-6-92 | F. S. 22 | S. W. | Menses painful. Has complained of pain in both ovarian regions for past two months; increased on exertion. | Adnexa no lined. |
| 91. 4-6-92 | R. S. 17 | S. W. | Menses painful. Leucorrhœa for past year. For three years has had pain in lower abdomen; increased on exertion. Has had four attacks of pain in abdomen, accompanied with fever, being obliged to remain in bed a week each time. | Adnexa no lined. |
| 92. 4-27-92 | M. N. 33 | M. W. | Menses irregular. Leucorrhœa profuse. | Adnexa no lined. |
| 93. 10-30-91 | I. R. 29 | S. W. | Menses profuse, irregular, painful. Has complained of sharp, burning pain in left ovarian region for past six years; increased of late. Unable to work. In bed for last eight weeks on account of pain. | Adnexa no lined. |
| 94. 5-2-92 | E. B. 26 | M. B. | Leucorrhœa profuse. Complaints of sterility. | Adnexa no lined. Tu mass found measures 3 cm. Bleeds on being to Involves an vaginal wa. urethral re |
| 95. 5-10-92 | A. F. 72 | M. | Complaints of loss of blood from vagina. | Adnexa no lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|-----------------------------------|---|---|---|-----------|--|
| Adnexa not clearly outlined. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | | | |
| Left adnexa slightly adherent. | Endometritis with slightly ad- herent left ad- nexa. | Dilatation and curettement. La- ter abdominal section, if ne- cessary. | Left adnexa removed. No drainage. | Recovery. | Patient com- plains of pain in both ovarian re- gions since ope- ration. |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curetting. Re- pair of cervix and outlet. | | | History suggest- ed pelvic inflam- matory disease. |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Not much relief from operation. |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Right adnexa adherent. | Adherent right adnexa. Enlarged left ureter. | Catheterization of ureters. | Ureters catheter- ized. | Recovery. | General condi- tion much im- proved. |
| Adnexa normal. | Endometritis with stenosis. | General hygienic measures. Dila- tation and cu- rettement if necessary. | | | |
| Adnexa and ute- rus adherent. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Adnexa normal. | Carcinoma of an- terior vaginal wall and ure- thral orifice. | Removal of same. | Removed with écraseur. | Recovery. | Patient com- plained of incon- tinence for a while after the operation. |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anæsthe |
|----------------------|---------------|--------------------|---|----------------------------|
| 96. 4-23-92 | B. H. 32 | M. W. | After miscarriage, three years ago, at two and a half months, was confined to bed more or less for two months on account of loss of blood. Menses profuse and painful. Leucorrhœa since her seventeenth year of age. Complaining, since miscarriage, of cramp and "misery" in left ovarian region. Pain much worse during the past two weeks. | Adnexa not lined. |
| 97. 5-11-92 | A. G. 50 | W. B. | For the past two years has had constant backache, and pain in lower abdomen. | Adnexa not lined. |
| 98. 5-17-92 | F. B. 40 | M. B. | Has had pain in right ovarian region and lower abdomen, and backache. | Adnexa not lined. |
| 99. 5-3-92 | N. F. 20 | S. W. | Menses irregular and painful. Backache for the past two months. | Adnexa not lined. |
| 100. 5-20-92 | G. P. 26 | M. W. | Menses irregular, profuse and painful. Leucorrhœa since marriage. Has complained for past six years of backache and general weakness. Has tired feeling in legs. | Adnexa not lined. |
| 101. 3-30-92 | B. E. 36 | M. W. | Has been complaining since marriage, five years ago, of "bearing-down" pain in left ovarian region; increased on exertion. Three weeks ago was in bed two weeks with "inflammation of the bowels." A year and a half ago had malarial fever for two months. | Adnexa not lined. |
| 102. 5-24-92 | H. P. 23 | M. B. | Complains of backache and pain in right ovarian region. Menstrual flow has been profuse since birth of last child in October, 1891. | Adnexa not lined. |
| 103. 5-26-92 | M. S. 34 | M. W. | During confinement, ten months ago, had convulsions. Fever following labor. "Bearing-down" pain and "misery" in left lower abdomen since labor. Leucorrhœa for many years. | Adnexa not lined. |
| 104. 5-27-92 | F. T. 24 | S. | Clinical history missing. | Adnexa not lined. |
| 105. 5-27-92 | M. H. 24 | S. W. | For two months has had pain in right lower abdomen. | Adnexa not lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--|--|---|------------|---------|----------|
| Left adnexa ad- herent to cornu of uterus. | Adherent left ad- nexa. | Abdominal sec- tion. | | | |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of cervix and outlet. | | | |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of cervix and outlet. | | | |
| Adnexa normal. | Endometritis with stenosis. Slightly enlarged right ovary. | Dilatation and curettement. | | | |
| Adnexa normal. | Relaxed vaginal outlet. | Repair of outlet. | | | |
| Adnexa normal. | Probably inter- stitial myomata. | Dilatation and curettement. Later abdominal section if neces- sary. | | | |
| Adnexa normal. | Relaxed vaginal outlet. | Repair of outlet. | | | |
| Left adnexa slightly adhe- rent. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Slightly adhe- rent adnexa. | Curettement. Repair of cervix and outlet. | | | |
| Adnexa normal. | Small subperito- neal myoma. | Dilatation and curettement. | | | |
| Adnexa normal. | Coprostasis. | Referred to med- ical department. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|---|---------------------------|
| 106. 4-19-92 | M. D. 36 | M. W. | Has been very nervous since second child was born, eleven years ago. Backache and bearing-down pain in lower abdomen. Menses painful. | Adnexa no lined. |
| 107. 5-31-92 | J. R. 19 | S. | Menses irregular and painful. | Adnexa no lined. |
| 108. 4-18-92 | E. P. 28 | S. W. | Backache, and pain at times in lower abdomen. Is unable to work. Complains of feeling generally miserable. | Adnexa no lined. |
| 109. 4-7-92 | A. W. 25 | M. W. | Menses irregular and profuse. Leucorrhœa since marriage. Since marriage has had backache and pain in left ovarian region. Two years ago was in bed three weeks with pain in lower abdomen and loss of blood from the uterus. Has been in bed several times since for a few days. One month ago was in bed a week. | Adnexa no lined. |
| 110. 6-2-92 | H. Z. 39 | M. W. | Had childbed fever after birth of second child, seven years ago. Was very sick. Menses profuse. Has complained of pain in lower abdomen since birth of last child. | Adnexa no lined. |
| 111. 6-4-92 | L. R. 63 | S. W. | Four years ago was struck in left lower abdomen by a gate. Shortly after this she began to have pain in left ovarian region. Has worn pessaries and abdominal supporters since that time. Has constant pain in back. | Adnexa no lined. |
| 112. 5-31-92 | M. McC. 24 | M. W. | Menses profuse and painful. Leucorrhœa (probably gonorrhœal in origin). For the past year has had a swelling in lower abdomen; also has bearing-down pain. In bed two weeks last summer on account of this pain. | Adnexa no lined. |
| 113. 6-6-92 | M. McH. 29 | M. W. | Menses painful. Has complained for the past seven years of pain in right ovarian region. | Adnexa not lined. |
| 114. 6-10-92 | K. S. 23 | S. W. | Menses irregular. Leucorrhœa for six years. Complains of pain in lower abdomen. | Adnexa not lined. |
| 115. 6-13-92 | C. J. 33 | M. W. | Complaining for four years of "misery" in left ovarian region, with backache; pain increased on exertion. Has had chills off and on for the past four years. | Adnexa not lined. |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|--|---|---|-----------|---------------------------------------|
| Normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. Repair of outlet. | Cervix dilated. Uterus curetted. Outlet repaired. | Recovery. | |
| Normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of outlet. | | | |
| Normal. Uterus enlarged unusually. | Probably preg- nancy. | | | | |
| Adnexa infinitely enlarged. Uterus enlarged. | Adherent retro- flexed uterus. | Counter-irritants to vault of va- gina. | | | |
| Normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Much relief fol- lowing operation. |
| Adnexa uterine. Adherent adnexa. | Adherent adnexa. Myoma of the uterus. | Abdominal sec- tion. | Double salpingo- oophorectomy. | Recovery. | Scant clinical history. |
| Normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Much better since operation. |
| Normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. Repair of outlet. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination of adnexa |
|----------------------|---------------|--------------------|---|--------------------------|
| 116. 6-10-92 | M. C. 28 | M. B. | Menses profuse and painful. Leucorrhœa (probably gonorrhœal in origin). Complaining since marriage, two years ago, but more particularly for the past three weeks, of pain in lower abdomen; pain increased on exertion. Has been in bed for a day or so during the past two weeks. | Adnexa n lined. |
| 117. 6-17-92 | A. M. 34 | M. | Five para. Labors difficult. Menses painful and profuse. | Adnexa n lined. |
| 118. 6-21-92 | E. C. 33 | M. | Five para. Placenta adherent twice. Two miscarriages. For six years has had pain in both ovarian regions. | Adnexa n lined. |
| 119. 6-20-92 | M. J. 30 | M. W. | Menses painful; profuse at times. | Adnexa n lined. |
| 120. 6-20-92 | S. K. 28 | M. W. | Menses profuse. For the past six years has had pain in both ovarian regions with backache, with leucorrhœal discharge. | Adnexa n lined. |
| 121. 6-17-92 | L. B. 19 | S. B. | Menses profuse. Complaining since she had the "grippe," a year ago, of sharp shooting pain in left lower abdomen. | Adnexa n lined. |
| 122. 6-22-92 | M. W. 21 | S. W. | Menses profuse and painful. Leucorrhœa for the past two years. For a year has had sharp shooting pain in left lower abdomen, with backache. | Adherent |
| 123. 6-18-92 | M. M. 19 | S. W. | Menses profuse and painful. Leucorrhœa for four years (probably gonorrhœal in origin). Has complained of pain in left inguinal region for three years; this pain has increased during the past two weeks. Been in bed with pain in left ovarian region. | Adnexa n lined. |
| 124. 6-18-92 | A. L. 38 | M. W. | Menses irregular, painful and profuse. Complains of pain in right ovarian region and lower abdomen. | Adnexa n lined. |

| Operation with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|--|---|---|-----------|--|
| Adherent cyst. | Adherent adnexa. | Abdominal sec- tion. | | | |
| About size of head felt median line. | Probably ovarian cystoma. | Abdominal sec- tion. | | | |
| Normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and out- let repaired. | Recovery. | |
| Right cyst with sub- neal na. | Adherent adnexa. Myoma of the uterus. | Abdominal sec- tion. | | | Left hospital without treat- ment. |
| Normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Not much relief following opera- tion. |
| Normal. | Prolapsus of both ovaries. | Packs. Cotton tampons to vault of vagina applied with patient in knee-breast posi- tion. | | | |
| Normal on left not outlined. Right side size of closed | Myoma of the uterus with ad- herent adnexa. | Abdominal sec- tion. | Abdominal sec- tion. | Recovery. | Patient much improved. |
| Normal. | Infantile uterus and adnexa. | General hygienic measures. Dila- tation and cu- rettement. | Cervix dilated. Uterus curetted. | Recovery. | Much improved since operation. |
| Adherently adhe- rent adnexa. Narrowed ureter. | Adherent adnexa with ureteritis. | Catheterization of the ureter. Later abdominal section. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anes |
|----------------------|---------------|--------------------|--|---|
| 125. 6-25-92 | H. Y. 21 | M. B. | Has complained of pain in right ovarian region since birth of child, one year ago. | Adnexa n lined. |
| 126. 6-28-92 | F. H. 27 | M. W. | Menses irregular, with severe backache. | Adnexa n lined. |
| 127. 7-2-92 | C. M. 43 | W. W. | Menses profuse and painful. Complains of bearing-down pain and "straining feeling" in lower abdomen for eight weeks. Had a similar attack eight years ago. | Adnexa n lined. |
| 128. 7-6-92 | K. M. 18 | W. W. | Menses irregular and painful. Profuse leucorrhœa for the past year. Complains of sharp pain in left ovarian region. One year ago had similar attack of pain in same side and was confined to bed for two months. Has not been well since. | Adnexa n lined. |
| 129. 7-7-92 | M. S. 44 | M. W. | Menses irregular. For six months has had pain in right ovarian region. | Adnexa n lined. |
| 130. 7-14-92 | A. R. 24 | S. W. | Menses irregular and painful. Leucorrhœa profuse for nine years. Has complained for six years of "tired feeling" in small of back; also of pain in left lower zone of abdomen. Eight months ago pain was so severe that she was unable to walk. | Adnexa n lined. |
| 131. 7-12-92 | W. V. 24 | M. W. | Menses profuse and painful. Leucorrhœa (probably gonorrhœal in origin). Has been complaining for a year of a sharp shooting pain in left lower abdomen, with backache. In bed a month ago with this pain. Was treated for "inflammation" of the stomach. | Adnexa n lined. |
| 132. 7-15-92 | K. K. 40 | W. W. | Leucorrhœa for three months. Backache at times. | Adnexa n lined. |
| 133. 7-16-92 | M. B. 33 | M. W. | Menses profuse. Has complained for a month of cramps in lower abdomen, with backache, and of soreness in left ovarian region. Has been losing blood constantly for a month; in bed all this time. | On right sid sibly an ad rent adnex |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|-------------------------------|---|--|---|-----------|---|
| Is not out- | Endometritis with stenosis. Relaxed vaginal outlet. | Repair of outlet. | Cervix dilated. Uterus curetted. Outlet repaired. | Recovery. | |
| Adnexa finally ad. | Endometritis with stenosis. Probably sub- peritoneal myo- ma. | Dilatation and curettement. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Is not out- Uterus ad. | Pregnancy. | | | | |
| Is normal. Myoma- | Endometritis with stenosis. Myoma of the uterus. | Dilatation and curettement. | | | |
| Is normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adnexa y adhe- | Endometritis with stenosis. Slightly adherent adnexa. | Applications to vaginal vault. General hygienic measures. Later, if suffering, dila- tation and cu- rettelement. | | | |
| Is normal. | Laceration of cervix. Retro- flexion of the uterus. | General hygienic measures, with replacement of the uterus. | Abdominal sec- tion. Slight amount of brown- ish fluid in peri- toneal cavity. Tubes and ova- ries removed. | Recovery. | The fact that the lateral structures were not adhe- rent was recog- nized at the sec- ond examination. |
| Is adherent. | Adherent adnexa. | Abdominal sec- tion. | Double salpingo- oophorectomy performed. | Recovery. | Extra-uterine pregnancy. |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|---|---------------------------|
| 134. 7-20-92 | M. G. 22 | M. W. | Menses irregular and painful. | Adnexa no lined. |
| 135. 7-21-92 | C. J. 25 | M. B. | Constant pain in both ovarian regions since miscarriage, a year ago. Menses profuse. Has constant backache. | Adnexa no lined. |
| 136. 8-1-92 | S. P. 25 | S. W. | Menses painful. Has had considerable pain in left ovarian region for five months. | Adnexa no lined. |
| 137. 7-18-92 | M. S. 35 | M. W. | Menses irregular and profuse. Has been complaining since birth of last child, seven years ago, of pain in left lower abdomen and back. | Adnexa no lined. |
| 138. 7-21-92 | J. H. 35 | M. W. | Menses irregular, profuse and painful. Has complained for seven months of pain in left ovarian region. | Adnexa no lined. |
| 139. 8-12-92 | L. B. 30 | M. B. | For three years has had bearing-down pain in left lower abdomen, with backache. | Adnexa not lined. |
| 140. 8-5-92 | J. G. 32 | M. B. | Had childbed fever after last labor, two months ago. In bed for fourteen days. Menses irregular since birth of last child. Has had chilly sensations at intervals. | Adnexa not lined. |
| 141. 8-12-92 | M. H. 29 | M. W. | Menses profuse, painful and irregular. Complains of pain in ovarian region, with backache. | Adnexa not lined. |
| 142. 8-8-92 | B. H. 27 | M. W. | Menses irregular. Since birth of last child, seven months ago, has been "nervous," and has backache and a "tired feeling." In bed for one month when child was three months old. Was treated for typhoid malaria. | Adnexa not lined. |
| 143. 8-11-92 | H. K. 37 | M. W. | Has complained since birth of last child, two and a half years ago, of pain in left ovarian region and around the umbilicus; also of backache. | Adnexa not lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|--|---|--|-----------|--|
| Left adnexa slightly adherent. | Endometritis with stenosis. | Dilatation and curettement. | | | |
| Adnexa adherent. | Adherent adnexa. | Abdominal sec- tion. | Double salpingo- oophorectomy performed. | Recovery. | Left hydrosalpinx with adherent adnexa on both sides. |
| Adnexa not posi- tively outlined. | Pregnancy. | | | | |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Right adnexa possibly slightly adherent. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Retroflexion of the uterus. | Curettement, with repair of cervix and out- let. | | | |
| Right adnexa ad- herent. Left ad- nexa not clearly palpated. | Adherent adnexa. | Abdominal sec- tion. | Exploratory in- cision. Adnexa too densely adhe- rent to be re- moved. | Recovery. | Subcutaneous su- tures used in ab- dominal wound. |
| Adnexa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Much improved. |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of cervix and outlet. | | | |
| Adnexa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of outlet. | | | |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anæsthesia |
|----------------------|---------------|--------------------|--|-------------------------------|
| 144. 8-16-92 | M. B. 42 | W. W. | Three months ago had small boil near the anus, which opened spontaneously and has been discharging since. Has not been well since miscarriage, two years ago; after which she had fever for a week. | Adnexa not outlined. |
| 145. 8-8-92 | K. G. 30 | M. W. | For six weeks has had severe pain in left ovarian region, with backache. | Adnexa not outlined. |
| 146. 8-18-92 | A. McK. 24 | M. W. | Menses profuse. Anticipates menstrual period generally by about a week. | Adnexa not outlined. |
| 147. 8-17-92 | M. G. 30 | M. W. | Menses profuse. For past three months has had pain all over the body, which came on after miscarriage. | Adnexa not outlined. |
| 148. 8-23-92 | L. Z. 29 | M. W. | Menses profuse and painful. Complaining for a year of a dull aching pain in right side of abdomen, with backache at times. | Adnexa not outlined. |
| 149. 8-22-92 | K. B. 24 | M. W. | Menses irregular. Has complained since labor, eight months ago, of shooting pains in the back and across the lower abdomen. Has been in bed eight times during the past eight months, for a day or so at a time, with pain in lower abdomen, accompanied by fever. | Adnexa not outlined. |
| 150. 8-19-92 | L. S. 28 | M. W. | Menses profuse. Four years ago fell down stairs; in bed for two years afterwards, with dull pain in right ovarian region. | Adnexa not outlined. |
| 151. 8-26-92 | L. M. 25 | M. W. | In bed three months after child was born, six years ago. Had chills and fever, and since has had a great deal of pain in left ovarian region, which shoots down the left leg. Great pain at menstrual period. | Adnexa not outlined. |
| 152. 8-26-92 | J. R. 42 | W. W. | Clinical history missing. | Adnexa not outlined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--|---|---|---|-----------|----------------------------|
| Adnexa not definitely outlined. | Fistula in ano. Relaxed vaginal outlet, with probably adherent adnexa. | Excision of fistula. Repair of outlet. | Fistulous tract excised. Outlet repaired. | Recovery. | |
| Adnexa adherent. | Adherent adnexa. | Abdominal section. | Double salpingo-oophorectomy performed. | Recovery. | Subcutaneous sutures used. |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of cervix and outlet. | | | |
| Right adnexa not definitely outlined, probably slightly adherent. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Probably adherent adnexa. | Dilatation and curettement. Repair of outlet. | | | |
| Left adnexa possibly adherent. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Probably adherent adnexa. | Curettement. Repair of cervix and outlet. | | | |
| Adnexa not outlined. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of outlet. | | | |
| Adherent adnexa on right side. Left adnexa probably adherent. Subperitoneal myomata. | Adherent adnexa, with small subperitoneal myomata. | Abdominal section. | | | |
| Adnexa slightly adherent. | Laceration of cervix. Relaxed vaginal outlet. Slightly adherent adnexa. | Exploratory incision. | | | |
| Adnexa not positively outlined. | Laceration of cervix. Relaxed vaginal outlet. Adherent right adnexa. | Abdominal section. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anest |
|----------------------|---------------|--------------------|--|--|
| 153. 8-30-92 | L. B. 45 | M. W. | Menses irregular, every two or three weeks; profuse and painful. Complains of "falling of the womb," with headache, and of pain in the lower abdomen. | Adnexa not definitely outlined. Resistant; felt in pelvis to be the enlarged uterus. |
| 154. 8-30-92 | M. B. 16 | S. B. | Leucorrhœa for the past two months (probably gonorrhœal in origin). Has complained for three months of sharp shooting pain in lower abdomen. In bed last fall for six months, not well since then. In bed twice during past month for five days each time. | Adnexa not lined. |
| 155. 8-31-99 | A. D. 28 | M. W. | Menses irregular and painful. Complains of a great deal of pain in the left side. | Adnexa not lined. |
| 156. 9-1-92 | A. McL. 25 | M. W. | Menses profuse. | Adnexa not lined. |
| 157. 10-17-91 | S. H. 30 | M. W. | Menses painful and profuse. Leucorrhœa profuse. Complains of constant bearing-down pain in lower abdomen, especially on the right side. | Adnexa not lined. |
| 158. 9-8-92 | C. R. 48 | M. W. | Third labor instrumental. For past eight days has had pain in lower abdomen. | Adnexa not lined. |
| 159. 8-29-92 | G. W. 21 | M. W. | Menses painful. Complains of a constant bloody discharge from vagina for the past four months. | Adnexa not lined. |
| 160. 9-9-92 | R. L. 20 | M. W. | Menses profuse, irregular and painful. Complains of pain in left ovarian region for the past three years. | Adnexa not lined. |
| 161. 6-7-91 | L. D. 37 | M. W. | Menses irregular and profuse. In bed four years ago for eleven weeks with "inflammation of the stomach." Often obliged to go to bed for two or three days at a time. Complains of backache with pain in right ovarian region. | Adnexa not retracted by previous operation. Not clearly outlined at present examination. |

| mination with næsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|--|---|--|-----------|------------------------------|
| exa not defi- ly outlined. rus adherent eriorly. | Laceration of cervix. Relaxed vaginal outlet. Retroflexed ad- herent uterus. | Abdominal sec- tion. | | | |
| exa normal. | Vaginitis. | Douches with local applications. | | | |
| exa normal. | Neurasthenia. | General hygienic measures. | | | |
| t adnexa ad- nt. | Adherent left adnexa. | Abdominal sec- tion. | | | |
| exa adherent. | Laceration of cervix. Relaxed vaginal outlet. Adherent adnexa. | Abdominal sec- tion. | Double salpingo- oöphorectomy performed. | Recovery. | Hysterorrhaphy performed. |
| t adherent exa. Right exa not defi- ly outlined. | Laceration of cervix. Relaxed vaginal outlet. Adherent left adnexa. | Abdominal sec- tion. | | | |
| exa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. Repair of outlet. | | | |
| exa slightly erent. | Retroflexion of the uterus with adherent adnexa. | Douches. Appli- cations. General hygienic meas- ures. Later abdominal sec- tion, if suffering. | | | |
| all adherent s on either L. | Probably adher- ent pedicles. | Douches. Gen- eral hygienic measures. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination w/ out anesthest |
|----------------------|---------------|--------------------|---|---------------------------------|
| 162. 9-13-93 | A. S. 26 | M. W. | Menses painful. Complains of a great deal of backache, with pain in lower abdomen. | Adnexa not outlined. |
| 163. 7-30-93 | L. E. 39 | M. W. | Complains of "bearing-down" pain in lower abdomen. | Adnexa not outlined. |
| 164. 9-17-93 | L. H. 19 | S. B. | Menses profuse. Complains of constant backache and pain in left ovarian region. Leucorrhœa profuse. | Adnexa not outlined. |
| 165. 9-22-93 | N. K. 18 | M. W. | Menses irregular. Has constant backache with pain in left ovarian region. Leucorrhœa profuse. | Adnexa not outlined. |
| 166. 9-30-93 | M. A. 46 | S. B. | Menses painful and very irregular. In bed sixteen years ago for three months with severe pain in lower abdomen. Unable to walk for two months afterwards. Similar attack eight years ago. In bed for three months. This attack was followed by a discharge of pus from the vagina for two weeks. Four years ago was in bed for six weeks. Unable to walk for three months following. Present attack began a year ago. Complains of great pain in lower abdomen. | Adnexa not outlined. |
| 167. 9-28-93 | B. B. 35 | S. W. | Menses profuse, irregular and painful. Leucorrhœa profuse at times. Complains of constant pain in both ovarian regions. | Adnexa not outlined. |
| 168. 9-30-92 | M. S. 25 | M. W. | For six years has had dragging pains in lower abdomen. Leucorrhœa for past six years. A great deal of pain in left ovarian region and back. | Adnexa not outlined. |
| 169. 9-30-93 | H. S. 19 | M. | Menses profuse. A great deal of pain in left lower abdomen for the past six months. | Adnexa not outlined. |
| 170. 7-6-91 | M. G. 17 | S. W. | A year ago was in bed for a month with fever and swollen abdomen. Complains of cramps in lower abdomen with backache. | Adnexa not outlined. |

| Examination with anesthesia. | Findings. | Diagnosis. | Operation. | Result. | Remarks. |
|---|---|--|--|-----------|-------------------------|
| Adnexa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. | | | |
| Adnexa normal. Uterus adherent posteriorly. | Endometritis. Adherent uterus. Relaxed vaginal outlet. Left adnexa. | Excision of left adnexa. Curettement. Repair of outlet. | Excision of right adnexa. Curettement. Repair of outlet. | Recovery. | |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | | | |
| Adnexa slightly adherent. | Excised adherent uterus with adherent adnexa. | Abdominal section. | Double salpingo-oophorectomy performed. | Recovery. | Hysterectomy performed. |
| Mass felt on right side. | Myoma of the uterus. | Abdominal section. | Mycetozoy. Intracavitary myoma. | Recovery. | |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adnexa normal. | Endometritis. Hypertrophic elongation of the cervix. | Curettement. Amputation of the cervix. Repair of outlet. | Uterus curetted. Cervix amputated. Outlet repaired. | Recovery. | |
| Right adnexa slightly adherent. | Endometritis. Relaxed vaginal outlet. Slightly adherent adnexa. | Dilatation and curettement. Later abdominal section, if necessary. | Cervix dilated. Uterus curetted. | Recovery. | |
| Adherent left adnexa. | Adherent left adnexa. | Abdominal section. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|---|---------------------------|
| 171. 10-7-92 | I. P. 22 | M. W. | Menses irregular. For one year has had pain in left ovarian region. Leucorrhœa for past year. Is very nervous at times. | Adnexa no lined. |
| 172. 10-5-92 | J. B. 22 | M. B. | Menses painful. Has severe pain in right ovarian region. | Adnexa no lined. |
| 173. 10-8-92 | M. A. 21 | S. W. | Clinical history missing. | Adnexa no lined. |
| 174. 10-10-92 | H. S. 43 | M. W. | Menses painful and profuse. | Adnexa no lined. |
| 175. 10-10-92 | M. C. 21 | S. W. | Menses painful. The past two weeks has had continual discharge of blood from the vagina, with backache and a great deal of pain in lower abdomen. | Adnexa no lined. |
| 176. 10-13-92 | T. W. 21 | M. W. | Menses painful. Profuse leucorrhœal discharge. Has complained of sharp pain in left lower abdomen for the past eight months, with backache. | Adnexa no lined. |
| 177. 10-2-92 | F. L. 22 | M. B. | Menses profuse. Leucorrhœa (gonorrhœal in origin) for the past five days. Complaining for eleven days of headache, of bearing-down pain in abdomen, worse on the left side, and backache. | Adnexa no lined. |
| 178. 10-17-92 | B. K. 28 | W. W. | Menses painful and profuse. Leucorrhœa for past two years (probably gonorrhœal in origin). Has complained for the past five years of "misery" in lower abdomen, with backache. | Adnexa no lined. |
| 179. 10-17-92 | S. H. 35 | M. B. | Menses painful and profuse. For five years has had "misery" in lower abdomen. Been in bed twice during this time for two weeks each time, on account of pain. | Adnexa no lined. |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--------------------------------|---|--|--|-----------|---|
| Normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curettement. Repair of cervix and outlet. | Uterus curetted. Cervix and outlet repaired. | Recovery. | |
| Adherent. | Adherent adnexa. Pus probably present. | Abdominal sec- tion. | Double salpingo- oophorectomy. Right tube con- tained 30 cc. of pus. | Recovery. | |
| Normal. | Endometritis with subinvolu- tion of uterus. | Curettement. | | | |
| Normal. | Endometritis. Laceration of cervix. Prolap- sus of vaginal walls. | Curettement. Anterior colpor- rhaphy. Repair of cervix and outlet. | | | |
| Adnexa pos- sibly adherent. | Endometritis with stenosis. Slightly adherent left adnexa. | Dilatation and curettement, with hygienic meas- ures. If much suffering, later exploratory inci- sion. | | | |
| Normal. | Endometritis. Laceration of cervix. | Hygienic meas- ures. Later cu- rettement and repair of cervix. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Probably adherent. | Adherent adnexa with retroflexion of the uterus. | Abdominal sec- tion. | Double salpingo- oophorectomy performed. | Recovery. | Developed acute mental symptoms subsequent to operation, but recovered. |
| Normal. | Endometritis with stenosis. | Hygienic meas- ures. Later dila- tation and curettement, if necessary. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anest |
|----------------------|---------------|--------------------|---|--------------------------|
| 180. 10-17-92 | M. T. 26 | S. B. | Menses profuse. Has complained for the past eight years of backache with pain in lower abdomen. In bed three years ago on account of pain, swollen abdomen and fever. | Adnexa u lined. |
| 181. 10-18-92 | A. E. 21 | M. W. | Menses profuse. Has sharp shooting pain in lower abdomen with backache. Thinks she hurt herself when lifting a board three months ago. | Adnexa u lined. |
| 182. 10-25-92 | A. W. 24 | M. W. | Clinical history missing. | Adnexa u lined. |
| 183. 10-8-92 | L. S. 25 | S. W. | Leucorrhœa for the past six months. Menses painful. | Adnexa u lined. |
| 184. 10-7-91 | L. B. 23 | M. W. | Menses painful. Backache at times. | Adnexa u lined. |
| 185. 11-1-92 | G. S. 32 | M. B. | Has complained for two weeks of constant pain in left ovarian region. For the past six years "corruption" has passed from the rectum. Leucorrhœa profuse for six years. | Adnexa u lined. |
| 186. 1-20-92 | F. P. 21 | M. W. | Menses profuse. Complains of losing blood from vagina for seven months after last confinement two years ago. Six weeks ago she had a miscarriage in third month of pregnancy; has been losing blood since. Also has bearing-down pain in lower abdomen with backache. | Adnexa u lined. |
| 187. 11-4-92 | D. H. 23 | S. W. | Menses profuse. Leucorrhœa profuse. Has been complaining for five years, more during the past year, of bearing-down and burning pain in left ovarian region, with backache. | Adnexa u lined. |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|-------------------------------|--|---|--|-----------|---|
| 1 normal. | Endometritis with stenosis. | Dilatation and curettement. Hygienic meas- ures. | Cervix dilated. Uterus curetted. | Recovery. | |
| 1 normal. | Endometritis with stenosis. | Hygienic meas- ures. Later dila- tation and curettement, if necessary. | | | |
| 1 normal. | Endometritis. Laceration with hypertrophic elongation of cer- vix. Prolapsus of anterior vagi- nal wall. Relaxed vaginal outlet. | Curettement. Amputation of cervix. Repair of anterior wall and outlet. | Uterus curetted. Cervix ampu- tated. Anterior colporrhaphy. Outlet repaired. | Recovery. | Stoltz's method employed. |
| 1 normal. | Endometritis with stenosis. Vaginitis. | Douches. Local applications. Later, if neces- sary, dilatation and curettement. | | | |
| 1 normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Hygienic meas- ures. Later, if necessary, dila- tation and curettement. | | | |
| 1 normal. | Laceration of cervix. Relaxed vaginal outlet. Ulcerated areas around sphincter ani. | Applications to ulcerated areas. Later repair of cervix and outlet. | | | |
| 1 normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Repair of cervix and outlet. | Cervix dilated. Uterus curetted. | Recovery. | |
| 1 normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Has been much better since operation. |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anasthe |
|----------------------|---------------|--------------------|---|----------------------------|
| 188. 11-12-92 | J. H. 35 | M. W. | Two and a half months in bed after first labor. Four years ago, injured left side. At that time had a profuse discharge of blood from the vagina for two days. Menses profuse, painful and irregular. Leucorrhœa profuse since marriage. Has complained for two years of irregularity of menses; also of sharp pains in left ovarian region. Has been in bed for the past month on account of pain. | Adnexa not lined. |
| 189. 10-27-92 | A. C. 56 | W. W. | Menses profuse and painful. Leucorrhœa for the past year. Has complained for a year of "misery" and sharp shooting pain all over abdomen. | Adnexa not lined. |
| 190. 11-7-92 | M. B. 25 | M. W. | For four years has had intermittent sharp shooting pain in left ovarian region, with backache. In bed off and on all the time. In bed for three weeks two months ago with "inflammation of the stomach." | Adnexa not lined. |
| 191. 8-15-92 | E. F. 50 | M. W. | Complains of womb projecting from vagina, with dragging pain in lower abdomen. Menses irregular. | Adnexa not lined. |
| 192. 11-15-92 | V. E. 32 | M. W. | Menses profuse. Leucorrhœa since child was born, ten years ago. Since that time has had "spells" lasting from two to three weeks, with pain in hips and back. Been in bed four times, from two to three weeks each time, on account of pain in lower abdomen. | Adnexa not lined. |
| 193. 11-14-92 | I. B. 36 | M. W. | In bed four or five weeks after both confinements with pain in abdomen. Leucorrhœa for past year, worse during the past four months (probably gonorrhœal in origin). In bed for ten weeks with pain in lower abdomen. | Adherent ad |
| 194. 11-19-92 | M. J. 24 | M. B. | In bed for one month as a consequence of falling and striking back and head. Now has "pulling" sensations in abdomen. | Adnexa not lined. |
| 195. 11-14-92 | R. G. 31 | M. W. | Last labor, three and a half years ago, instrumental. In bed four weeks with profuse, foul smelling discharges from the vagina. Was treated when sixteen years old for "inflammation of the womb." Complains of constant pain in right ovarian region, with backache. | Adnexa not lined. |

| Condition with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|--|--|------------|---------|----------|
| Condition not defi- nely outlined. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Possibly adhe- rent adnexa. | Dilatation and curettement. Repair of cervix and outlet. Later, if neces- sary, abdominal section. | | | |
| Adnexa nor- mal. Right ad- nexa prob- ably adherent. | Slightly adhe- rent right ad- nexa. | Applications and general hygienic measures. | | | |
| Condition normal. | Laceration of cervix. | Local applica- tions to cervix. | | | |
| Condition normal. | Endometritis. Hypertrophic elongation of the cervix. Pro- lapse of anterior vaginal wall. Relaxed vaginal outlet. | Dilatation and curettement. Amputation of cervix. Repair of outlet. | | | |
| Condition normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic meas- ures. Later, if necessary, dilata- tion and curette- ment. | | | |
| Adherent adnexa. | Adherent adnexa. | Abdominal sec- tion. | | | |
| Condition normal. | Endometritis with stenosis. | Hygienic meas- ures. Later, if suffering, dilata- tion and curette- ment. | | | |
| Condition normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Repair of cervix and outlet. | | | |

| Number. Admitted. | Name. Age. | M. F. W. Color. | Chief clinical symptoms. | Examina- out and |
|----------------------|---------------|--------------------|---|---------------------|
| 196. 11-16-92 | K. W. 31 | M. W. | Leucorrhœa for three years. Has complained for three years of heaviness in lower abdomen. | Adnexa : lined. |
| 197. 11-26-92 | N. G. 30 | M. W. | Menses profuse and painful. Has been complain- ing for two months of bearing-down pain in lower abdomen, with backache. | Adnexa : lined. |
| 198. 11-3-92 | M. C. 27 | M. B. | For four years has had pain in right ovarian region, with backache. | Adnexa : lined. |
| 199. 11-28-92 | M. McB. 33 | M. W. | Has complained since last child born, eleven years ago, of "bearing-down" pain in left ovarian re- gion. | Adnexa : lined. |
| 200. 8-15-92 | E. F. 50 | M. W. | Complains of womb projecting from vagina, with dragging pain in lower abdomen. Menses irregu- lar. | Adnexa : lined. |
| 201. 11-29-92 | K. B. 29 | M. W. | Menses painful. For six months has had pain in left ovarian region. | Adnexa : lined. |
| 202. 11-22-92 | B. M. 38 | M. W. | In bed three months after miscarriage, twelve years ago. Menses painful and profuse. Has complained for seven years of "bearing-down" pain in lower abdomen. | Adnexa : lined. |
| 203. 12-3-92 | K. S. 27 | M. W. | Menses scanty and painful. Has complained for three years of sharp shooting pains in lower abdo- men. In bed most of the time for last two years on account of pain. | Adnexa : lined. |
| 204. 12-13-92 | K. H. 18 | S. W. | Leucorrhœa profuse for three months. Has com- plained for nine months of "drawing pains" in right ovarian region, and backache. In bed five years ago for a month with "inflammation of the womb" | Adnexa : lined. |

| Condition with anesthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|----------------------------|--|--|--|-----------|-----------------------|
| not def-outlined. | Adherent retroflexed uterus. | Local applications. If no improvement, abdominal section after three months. | | | |
| normal. | Myoma of the uterus. | General hygienic measures. If no improvement exploratory incision. | | | |
| not out- | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | General hygienic measures. | | | |
| not def-outlined. | Uterus slightly adherent. Possibly adherent adnexa. | Applications. If no improvement after three months exploratory incision. | | | |
| normal. | Endometritis. Hypertrophic elongation of cervix. Prolapsus of anterior vaginal wall. Relaxed vaginal outlet. | Dilatation and curettement. Amputation of the cervix. Repair of outlet. | Cervix dilated. Uterus curetted. Cervix amputated. Outlet repaired. Anterior colporrhaphy. | Recovery. | |
| adherentomatous | Adherent adnexa with myomatous uterus. | Abdominal section. | Double salpingo-oophorectomy. | Recovery. | Double hydro-salpinx. |
| slightly it. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. Slightly adherent adnexa. | Applications. Later, if necessary, abdominal section. | | | |
| adnexa not ly out- | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Much improved. |
| adherent. | Adherent adnexa. | Abdominal section. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|---|---------------------------|
| 205. 12-10-92 | B. L. 45 | M. W. | Has complained for two years of "bearing-down" pain in lower abdomen. | Adnexa not lined. |
| 206. 12-13-92 | E. B. 21 | M. W. | For five years has had a slight discharge of blood, most of the time from the vagina. Complains of loss of blood, with "misery" in back. Five years ago in bed four weeks with pain and loss of blood. | Adnexa not lined. |
| 207. 12-6-92 | A. K. 45 | M. W. | Last labor instrumental, three years ago. Has complained for four years of "misery" in right ovarian region, with backache. | Adnexa not lined. |
| 208. 12-15-92 | M. H. 84 | M. W. | Menses profuse for seven years, painful. Has complained for four years of pain in left ovarian region. | Adnexa not lined. |
| 209. 8-29-99 | A. J. 30 | M. B. | Complains of backache, with pain in right lower abdomen, since birth of child a year ago. | Adnexa not lined. |
| 210. 12-22-92 | C. B. 25 | M. W. | Within six years had three miscarriages; in bed two weeks after each miscarriage, with backache. Subsequently had great pain with the menstrual period. Menses irregular and profuse. Two years after marriage had leucorrhœa (of gonorrhœal origin). Since the second year of married life has complained of dull aching pain in right ovarian region and lower portion of back. In bed three times, for a week each time. | Adnexa not lined. |
| 211. 12-21-92 | J. D. 20 | M. W. | Menses profuse and painful. Leucorrhœa profuse at times. Has complained for four months of leucorrhœal discharge and pain in lower abdomen. | Adnexa not lined. |
| 212. 1-3-93 | B. K. 22 | M. W. | Menses scanty. Leucorrhœa profuse. Pain in lower abdomen, with backache. | Adnexa not lined. |

| ination with æsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|-----------------------------|---|---|---|-----------|----------------|
| xa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic meas- ures. Later, if no relief, repair of cervix and outlet. | | | |
| xa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic meas- ures. Later, if necessary, dilata- tion and curette- ment. | | | |
| xa not posi- y outlined. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Curette- ment. Repair of cervix and outlet. | | | |
| xa normal. | Endometritis. Subinvolution of uterus. Laceration of cervix. Relaxed vaginal outlet. | Curette- ment. Repair of cervix and outlet. | | | |
| xa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curette- ment. Repair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and out- let repaired. | Recovery. | Much improved. |
| xa normal. | Endometritis with stenosis. | Hygienic meas- ures. Later, if much suffering, dilatation and curette- ment. | | | |
| xa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic meas- ures. Later, if necessary, repair of cervix and outlet. | | | |
| xa not clear- outlined. | Relaxed vaginal outlet. Possibly adherent adnexa. | Hygienic meas- ures. Later, dilatation and curette- ment. | | | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination out anesth |
|----------------------|---------------|--------------------|--|---------------------------|
| 213. 12-27-92 | L. D. 19 | S. W. | Menses irregular. Leucorrhœa profuse. Has complained for two months of shooting pains in left ovarian region. Six weeks ago was in bed two weeks on account of pain. | Adnexa not lined. |
| 214. 1-6-93 | A. W. 24 | M. B. | In bed eight weeks after birth of child, two years ago, on account of general weakness. Has complained for a week of pain in lower zone of abdomen. | Adnexa not lined. |
| 215. 1-9-93 | R. W. 30 | S. B. | Has been complaining for seven months, but more especially since miscarriage, seven weeks ago, of bearing-down pain in abdomen. | Adnexa not lined. |
| 216. 12-30-92 | S. C. 19 | S. B. | Has been complaining for two weeks of leucorrhœal discharges, with chills and fever. | Adnexa not lined. |
| 217. 1-10-93 | B. T. 25 | M. B. | Two miscarriages. Since the first, four and a half years ago, has complained of "great weakness." Menses profuse and painful. Leucorrhœa for five years (probably gonorrhœal in origin). Has complained for five years of pain in lower abdomen and weakness in back. In bed four times during the past five years on account of pain. Four years ago had similar attack, and another last winter. | Adnexa not lined. |
| 218. 1-11-93 | R. W. 20 | S. B. | Has complained for three years of sharp shooting pains in lower abdomen, with backache. In bed off and on with this pain. | Adnexa not lined. |
| 219. 1-12-92 | S. D. 36 | M. B. | In bed two and a half months after miscarriage, fourteen years ago, with "chills and fever." Menses profuse and painful. Leucorrhœa profuse for six years. Has complained since miscarriage of pain in the lower abdomen. Five years ago in bed four months with "inflammation of the stomach." Two years ago in bed for two weeks with same trouble. | Adnexa not lined. |
| 220. 12-21-93 | E. S. 27 | S. W. | Menses scanty and painful. Is nervous. Has sharp pain in lower abdomen, with backache. | Adnexa not lined. |
| 221. 12-15-92 | M. H. 34 | M. W. | Menses profuse for seven years, painful. Has complained for four years of pain in left ovarian region. | Adnexa not lined. |

| mination with næsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|---|---|---|---|-----------|-----------------|
| æxa not clear- outlined. Pos- sibly subperito- myoma. | Subperitoneal myoma. | Hygienic meas- ures. Later, if necessary, abdo- minal section. | | | |
| æxa adherent. | Adherent ad- nexa, with mul- tiple myomata. | Abdominal sec- tion. | Double salpingo- oöphorectomy performed. | Recovery. | Drain employed. |
| erent fluctu- g mass in cul- ac. | Adherent ad- nexa. | Abdominal sec- tion. | Double salpingo- oöphorectomy. | Recovery. | Pyosalpinx. |
| æxa normal. | Specific ulcer- ation of external genitalia. | Applications, and internal medication. | | | |
| æxa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic meas- ures. Later, if necessary, dilata- tion and curette- ment. | | | |
| æxa normal. ht ovary htly pro- ed. | Relaxed vaginal outlet. Prolap- sus of right ovary. | Tampons. Later, if much suffering, dilatation and curettement. | | | |
| ht adnexa not rily outlined. t adnexa pos- y adherent. | Myoma of uterus. Possibly slightly adherent left adnexa. | Abdominal sec- tion. | | | |
| æxa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Hygienic meas- ures. Later, if necessary, dilata- tion and curette- ment. | | | |
| æxa normal. | Endometritis. Subinvolution of uterus. Lacera- tion of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Re- pair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and outlet repaired. | Recovery. | |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination w out anaesthes |
|----------------------|---------------|--------------------|---|--------------------------------|
| 222. 1-17-93 | E. B. 22 | M. W. | Clinical history missing. | Adnexa not o lined. |
| 223. 1-4-93 | C. S. 32 | M. B. | One para, six years ago. Labor hard. In bed one month. Menses profuse. Leucorrhoea profuse for two years. Has complained for five years of backache and soreness in left lower abdomen. | Adnexa not o lined. |
| 224. 1-3-93 | M. C. 45 | W. W. | Menses painful. Leucorrhoea for twelve years. Eighteen months ago had a great deal of pain in left ovarian region, was in bed for seven days. Complains of increase in size of the abdomen. Doctor told her she had an ovarian tumor. | Adnexa not o lined. |
| 225. 12-7-92 | R. L. 23 | M. W. | Menses painful. Has complained of pain in both ovarian regions since child was born two and a half years ago, also of backache. | Adnexa not o lined. |
| 226. 12-6-92 | K. K. 45 | M. W. | Clinical history missing. | Adnexa not o lined. |
| 227. 1-18-93 | L. K. 34 | W. W. | Clinical history missing. | Adnexa not o lined. |
| 228. 1-18-93 | H. K. 29 | W. W. | Clinical history missing. | Adnexa not o lined. |
| 229. 8-29-89 | M. W. 25 | M. W. | Menses painful. Complains of backache. | Adnexa not o lined. |
| 230. 10-18-90 | A. W. 25 | S. W. | Menses irregular. Complains of a dull aching pain in lower abdomen. | Adnexa not o lined. |
| 231. 8-29-89 | A. J. 31 | M. B. | Has complained of backache with pain in right lower abdomen since birth of child, a year ago. | Adnexa not o lined. |

| mination with næsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|-----------------------------|---|--|--|----------------------|-----------------------|
| exa adherent. | Adherent adnexa. | Abdominal section. | | | |
| exa normal. | Subinvolution of uterus. Relaxed vaginal outlet. | Hygienic measures. If no improvement after one month dilatation and curettement. | | | |
| exa not out- l. | Myoma of uterus. | Abdominal section. | Hysteromyectomy performed. | Died of peritonitis. | No drainage employed. |
| ht adnexa tly adherent. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic measures. If much suffering, later, dilatation and curettement. | | | |
| exa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Repair of cervix and outlet. | Cervix dilated. Uterus curetted. Cervix and outlet repaired. | Recovery. | |
| exa adherent. | Adherent adnexa with myoma of uterus. | Abdominal section. | | | |
| exa adherent. | Adherent adnexa. | Abdominal section. | | | |
| exa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic measures. Later, if necessary, dilatation and curettement. | | | |
| exa normal. | Endometritis with stenosis. Relaxed vaginal outlet. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | |
| exa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Much improved. |

| Number. Admitted. | Name. Age. | M. S. W. Color. | Chief clinical symptoms. | Examination w out anesthesi |
|----------------------|---------------|--------------------|--|--------------------------------|
| 232. 1-25-93 | H. P. 40 | M. B. | Clinical history missing. | Adnexa not ex lined. |
| 233. 1-24-93 | M. E. 19 | S. W. | Menses irregular. Complains of painful menstrua- tion. | Adnexa not ex lined. |
| 234. 6-21-92 | L. H. 32 | M. B. | Clinical history missing. | Adnexa not ex lined. |
| 235. 1-26-93 | E. C. 19 | S. W. | Menses painful. Has complained for the past six months of pain in lower abdomen. | Adnexa not ex lined. |
| 236. 1-17-93 | L. L. 24 | S. W. | Menses profuse, irregular, painful. Has complained for five years of sharp pain in lower abdomen and backache. | Adnexa not ex lined. |
| 237. 1-24-93 | C. R. 21 | S. W. | Menses painful and irregular. Leucorrhœa for three years profuse (probably gonorrhœal in origin). Has complained since sixteen years of age of pain in left lower abdomen, with backache. Confined to bed for three weeks last winter with "inflammation of the stomach." | Adnexa not ex lined. |
| 238. 1-30-93 | M. B. 21 | S. W. | Menses irregular, painful. Leucorrhœa profuse at times. Has complained for six years of pain in right lower abdomen, with backache. In bed now and then on account of this pain. | Adnexa not ex lined. |
| 239. 1-28-93 | S. M. 43 | M. W. | One miscarriage at five months, four years ago. In bed for two weeks afterwards. Has complained off and on since of headache and sharp pain in right ovarian region, also of backache. Leucor- rhœa for four years. | Adnexa not ex lined. |
| 240. 1-31-93 | M. E. 38 | M. W. | Has complained for the past two years of pain in lower abdomen. Menses at times profuse. | Adnexa not ex lined. |

| Examination with anæsthesia. | Diagnosis. | Treatment advised. | Operation. | Result. | Remarks. |
|--|--|--|--|------------------|------------------------------|
| Adnexa not outlined. | Myoma of the uterus. | Abdominal section. | | | |
| Adnexa not clearly outlined. | Relaxed vaginal outlet. | General hygienic measures. | | | |
| Adnexa normal. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Dilatation and curettement. Repair of cervix and outlet. | | | |
| Adnexa normal. | Endometritis with stenosis. | Dilatation and curettement. | Cervix dilated. Uterus curetted. | Recovery. | Much improved. |
| Right adnexa probably adherent. Uterus slightly adherent. | Adherent uterus. Probably adherent adnexa. | Local applications. If no relief after three months, abdominal section. | | | |
| Adnexa normal. | Endometritis with stenosis. | Hygienic measures. Later, if necessary, dilatation and curettement. | | | |
| Adnexa normal. | Endometritis. Relaxed vaginal outlet. | Hygienic measures. Later, if necessary, dilatation and curettement. | | | |
| Adnexa probably adherent. | Endometritis. Laceration of cervix. Relaxed vaginal outlet. | Hygienic measures. | | | |
| Adnexa adherent. | Adherent adnexa with subperitoneal myoma. | Abdominal section. | Double salpingo-oophorectomy with myomectomy performed. | Recovery. | No drainage employed. |



Fig. 1.

PATIENT ACROSS BED, READY FOR EXAMINATION; LEG-HOLDER IN POSITION.





FIG. 2.

PATIENT IN POSITION ON TABLE, BUTTOCKS RESTING ON PERINEAL PAD; READY FOR EXAMINATION.





FIG. 3.

EXAMINATION UNDER SHEET.

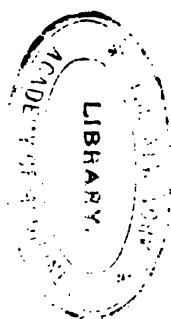




FIG. 4.

FIRST STAGE OF BIMANUAL EXAMINATION.





FIG. 5.

SECOND STAGE OF BIMANUAL EXAMINATION—"DEEP" PALPATION.





Fig. 6.
RECTAL EXAMINATION.





Fig. 7.
EXAMINATION WITH CORRUGATED TENACULUM.









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